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About the Men2B Role Model Training Program



Why a Role Model Training Program for Men?

Being a teen is not easy.

Adolescence is a period of rapid, confusing changes. As adolescents adjust to changing bodies and minds, they start viewing the world with new perspectives and questions. Growing up comes with risks. Adolescents face difficult decisions that may have life-long consequences—decisions they may not be equipped to make on their own.

Adolescents need positive role models.

Adolescents who grow up with caring adults in their lives and in communities with high levels of support and guidance are more likely to become successful, responsible adults. They are less likely to engage in substance abuse, sexual activity, and violent behavior. They are more likely to succeed in school and to maintain good health.

Unfortunately, research shows that many boys do not get enough attention from positive male influences. For a long time, community leaders and parents in Rhode Island have called for more attention to the developmental needs of boys and young men. Boys in our communities need more men to accept responsibility for being there for them. All men can be positive role models to the boys in their lives.

Being a role model is not easy either.

While adults understand that adolescence is difficult, they often forget about the experience of being a teen. The world has changed in the past few decades, and some adults are unaware of the new risks that confront today's youth. They may not have the knowledge, skills, or self-assurance to support young people effectively. They may not even recognize the fact that they are role models already.

In order to be confident and effective role models to boys, many men need training to help them learn about adolescence and to develop skills and techniques to support boys during this stage. With your assistance, men can get this training through Men2B.

Welcome to Men2B

Men2B is a role model training program for men in Rhode Island. Men2B builds the capacity of men to be confident, effective, and positive role models for adolescent boys. It equips men with the information, skills, and support they need to help boys and young men make positive decisions and become healthy adults. The training focuses on helping role models:

1. Learn more about the issues in the lives of adolescents;
2. Recognize the factors that affect risk-taking behaviors in adolescents;
3. Understand how they can help adolescents make healthy choices and develop good character and habits, through guidance and nurturance;
4. Develop skills to communicate effectively and be positive role models to young men; and
5. Know when and how to refer adolescents for additional help when necessary.



More than just information

The Men2B training challenges men to reflect on their own values, experiences, and identities. During the training, men consider their important roles in building a healthy society and strengthening families by positively influencing the lives of boys. Role models learn that every individual can make a difference in the life of each boy with whom he interacts. Collectively, Men2B participants support each other in making a difference in their communities.

A program for all men

Men2B is open to any man in Rhode Island, 18 years or older. There is no screening process for participating, as participants are not matched up with individual boys. Men2B participants do not make a formal commitment to mentoring boys. After completing the training, men return to their communities better prepared to serve as positive role models to boys. Some Men2B graduates volunteer with established mentoring programs. Others serve as positive role models in informal community and family settings.

History

Men2B was created in 1997. It is administered by the Rhode Island Department of Health (HEALTH), in partnership with community agencies (Men2B sites) in urban areas. Currently, Men2B is supported in part by the Abstinence Education Grant Program in the Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau; Rhode Island State Family Life funds; and state and local in-kind contributions. To date, the program has trained over 2,000 role models.

Men2B Program Goals

The Men2B program goals are to:

1. Reduce the proportion of school-aged youth in RI who have engaged in sexual intercourse;
2. Reduce the incidence of selected sexually transmitted diseases (STDs) among 15-19 year olds in RI;
3. Lower the pregnancy rate among RI teenagers;
4. Lower the birth rate among school-aged youth in RI;
5. Reduce the percentage of deliveries to single mothers in RI; and
6. Reduce the percentage of RI male students in 9th through 12th grade who have gotten someone pregnant.

Men2B program objectives

To achieve these goals, Men2B prepares men to be role models who will encourage boys to make healthy decisions. Men2B program objectives are to:

- 1. Train and support a minimum of 440 men each year, focused on Rhode Island’s five Maternal and Child Health (MCH) core planning cities (Providence, Central Falls, Woonsocket, Pawtucket, and Newport);
- 2. Improve the quality of relationships between role models and preadolescent and adolescent boys for a minimum of 440 male role models annually, primarily in Rhode Island’s five MCH core planning cities; and
- 3. Increase by 440, annually, the number of boys in Rhode Island’s five MCH planning cities who have heard messages about abstinence from sexual intercourse, drug, alcohol and tobacco use, and violence.

About the Men2B participants

Participants in the Men2B program come from all walks of life. Men are recruited from civic clubs, sports teams, work sites, group homes, community groups, police/fire/rescue departments, schools, faith-based organizations (FBOs), and families. These men may or may not have seen themselves as role models, but all have opportunities to positively influence the lives of young men.

What Men2B participants get

As an incentive to participate, role models receive \$100 for completion of 12 hours of training and \$40 for participation in a four-hour follow-up session and evaluation a few months later. They also receive materials to use during the training and to refer to in the future.

Roles & Responsibilities of HEALTH and Men2B Sites

HEALTH is responsible for overall program administration, including program monitoring and evaluation, budget and contract management, and correspondence with external funders. In consultation with Men2B sites, program graduates, current trainers, and other experts, HEALTH is responsible for the structure, content, and format of the Men2B training. Staff also provide ongoing support and technical assistance to Men2B sites. HEALTH contact information is listed at the end of this section.

Under contract with HEALTH, Men2B sites are responsible for the administration and implementation of Men2B training sessions. Each Men2B site has a site coordinator who is responsible for recruiting trainers and role models and for orienting both groups to the program, with support from HEALTH.

Site coordinators are also responsible for organizing training sessions and collecting evaluation data for the training sessions conducted by their sites. Occasionally, the site coordinator partners with a faith-based organization, business, school, or community group to organize a Men2B training. Currently, there are four local Men2B sites. Their contact information is at the end of this section.

Roles and responsibilities of Men2B trainers

The Men2B program needs experienced, dedicated trainers like you. You have valuable expertise and enthusiasm to share. You are a vital component of Men2B; you connect the program goals to the men who participate in the training. The success of the program depends heavily on its trainers.

Men2B trainers come from various situations and backgrounds. They include experts working in community based organizations, graduate students, community counselors, physicians, and others. The program recruits trainers from the same communities to which the participants belong because these trainers are directly connected to the issues relevant in these communities.

As a Men2B trainer, you will be given a brief orientation by the site coordinator and receive this comprehensive training guide to help you plan your session(s). We depend on you to complete your training session(s) and to make them as useful as possible for the men who participate.

As a Men2B trainer, we ask you to:

- » Keep your commitment for every session you schedule;
- » Inform your site coordinator in advance if you are unable to cover a session;
- » Review and plan for your session using this Trainer’s Guide and the resources provided here, or any other resources you deem necessary; and
- » Cover all core content including as many key messages as possible.

Program Evaluation

At the beginning and the end of each training session, the site coordinator will administer a pre- and post-evaluation questionnaire to participants. The purpose of the evaluation is to document the achievements of the program and to identify areas that need improvement. In order to maintain the objectivity of the evaluation process, you will not be given a copy of the evaluation survey. However, all the information that appears on those questionnaires is covered in this Trainer’s Guide and is pulled from the core resources listed at the end of this manual.

Core Training Topics

Men2B training sessions cover eight core topics. These topics are:

1. Being a Man, Being a Role Model
2. Supporting Adolescent Development
3. Communicating Well
4. Setting Limits and Using Positive Discipline
5. Reducing Mixed Messages about Sex, Drugs, and Violence
6. Understanding Reproductive Health
7. Addressing Abuse: What It Is, Its Effects, and Sources of Help
8. Making Positive Health Choices

Each topic is allotted a ninety-minute session. Often Men2B trainings are run as two-day sessions— usually over the course of two consecutive Saturdays— with four topics covered each day. Sometimes, they are run as eight separate weekly sessions. The exact arrangement and timeframe are not important. The order of the sessions is also not important, other than “Being a Man, Being a Role Model,” which is more introductory and should generally be offered first. What is important is that each topic is covered in full. It is also important that all eight topics fit together to form a coherent training.

Follow-up sessions

A follow-up session for Men2B participants is held between one and five months after the core training. Attendance at the four-hour session is optional, although participants are strongly urged to attend. Part of the time is used for filling out additional evaluation materials. In addition, follow-up sessions could be used for one or more of the following:

- » Review and reinforcement of information and themes from the core training;
- » Training on another, related topic (topic ideas could be generated out of the discussions during the main training, be suggested by individuals at the training, or come from the coordinator or a trainer);
- » A discussion and support session about the core topics and/or about putting the content into practice; and/or
- » A graduation ceremony and/or celebration.

How To Use This Trainer’s Guide

How this trainer’s guide is organized

As you know, one trainer does not cover all eight training topics. However, understanding the material covered in all eight sessions allows trainers to frame their own session in context and to be consistent with the other sessions. There is also some overlap in the material among the eight topics, and understanding the materials will help avoid unnecessary repetition. Therefore, we recommend that you review the entire Trainer’s Guide rather than just the session(s) that you cover.

For each training session, we provide the following:

- 1. Session Overview: Core Content – An overview of the session with a brief, descriptive introduction to the session, a list of session goals for the role models, and a list of session training objectives. Together, these constitute the “core content” of each session.
- 2. Key Messages – A list of messages organized by common themes and objectives. There is a lot of possible content to cover under each of the training topics. The key messages guide the trainer toward the essential points for each topic. Depending on time available and training style, the trainer can fill in additional details.
- 3. Discussion Questions/Exercises – Optional methods to help you deliver your messages. These tools include suggested discussion questions, role-plays and other exercises.
- 4. Resources – List of websites and resources for you to use to prepare for each session.

Role model handbook

Each Men2B participant receives a Men2B Role Model Handbook. A copy is included in this Trainer’s Guide. The Role Model Handbook is intended to serve as a lasting resource for Men2B participants. It contains simple messages and highlights from the core content for each topic in the Trainer’s Guide. Trainers may want to refer to the Role Model Handbook during their session(s) and/or point out key messages that participants can refer to in the future.

Training approach

The Trainer’s Guide is intended to be comprehensive yet flexible. We provide the core content and key messages for each session, but leave it up to the judgment and experience of the trainers to decide how to present this material. You know your audience best, and you can tailor each of your training sessions to meet the needs and interests of the particular men who are in the training at the time.

Please keep in mind, however, that it is your responsibility to cover the core content in the allotted ninety minutes. It is recommended that you pace your session such that you cover most, if not all, key messages during the session. Depending on the time available and the interests of the participants, you may decide to add more detail to some of these key messages.

In addition, please keep in mind that:

- » Each Men2B session is intended to include 10-20 participants. You should plan each session for a group of this size.
- » Each group will be different and diverse. Please keep your messages clear and simple, and keep the literacy level of the role models in mind.
- » Feedback consistently reaffirms that Men2B participants are most engaged and learn the most from interactive material. Please make each session as interactive as possible.

SUGGESTED GROUND RULES

Depending on the training topic, it may be a good idea for you to set ground rules before starting your session. Some rules that you might consider setting include:

- » Everyone has his or her own religious and cultural values about this topic. Please respect others’ points of view, even if you do not agree with them.
- » Please feel free to ask a question if you need something clarified or if you need more information.
- » It is OK if you do not already know this information. That’s what this training is for. Many people don’t know or remember all of this information.
- » If you do know much of this already, please be patient and show consideration for others, who may not.
- » Please respect other people’s questions and comments by listening and not interrupting.
- » People may share very personal thoughts or information. Please respect their privacy and confidentiality. What’s said in the session should stay in the session.
- » All of you are encouraged to join in the conversation, as much as you are comfortable. However, none of you should feel that you have to say anything.

Please feel free to add others or revise these for your session, as appropriate.

How This Trainer’s Guide Was Created

This Trainer’s Guide was written by staff from the Rhode Island Department of Health, incorporating information and input from local experts, articles, research, and websites on adolescent health, youth development, and positive parenting, particularly:

- » Benson, P. et al. (1998). *What Kids Need to Succeed*.
- » Kirby, D. (2001). *Emerging Answers*.
- » Simpson, A.R. (1997). *Raising Teens*.
- » Shoulder to Shoulder (2002). www.shouldertosoulderminnesota.org

(Please refer to the References section for a more complete list).

Input was also solicited from trainers and other local experts in the core subject areas, over the first six years of Men2B. The Training Guide was revised based on results from:

- » Focus groups with Men2B trainers and Men2B participants;
- » Telephone interviews with site coordinators; and
- » Telephone interviews with several Men2B trainers.

Thank You

We appreciate all of the work you do for Men2B. Thank you for making Men2B a success.

For More Information

If you have any questions about the particular group that will be at your session(s) or about logistics, please contact your local site coordinator.

For questions or concerns regarding the Trainer’s Guide, the session(s) you are leading, the evaluation, or Men2B as a whole, please contact Jan Shedd at the Department of Health. Also, please feel free to offer suggestions, new resources, or other ideas. We welcome your input.

Men2B Contact Information

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| Rhode Island Department of Health Office for Family, Youth, & School Success 3 Capitol Hill, Room 302 Providence, RI 02908 www.healthri.org Chief of Office for Family, Youth and School Success: Jan Shedd Phone: 401-222-5927 E-mail: JanS@doh.state.ri.us | Retired Senior Volunteers Association, Inc. (RSVA) 84 Social Street Woonsocket, RI 02895 Men2B Program Coordinator: Nikol Thomas Phone: 401-766-2300 |
| Child And Family Services of Newport County 76 Hammarlund Way Middletown, RI 02842 www.cfsnewport.org Men2B Program Coordinator: Ken LaFountain Phone: 401-848-4133 | Urban League of Rhode Island 246 Prairie Ave. Providence, RI 02905 www.ulri.org Men2B Program Coordinator: Ray Wilson Phone: 401-351-5000 x154 |
| Diocese Of Providence – Project Hope/Proyecto Esperanza 400 Dexter St. Central Falls, RI 02863 www.dioceseofprovidence.org Men2B Program Coordinator: Carlos Lopez Phone: 401-728-0515 | |

Resources In Rhode Island

Following are some helpful programs and phone numbers in Rhode Island. You may want to refer men to these resources to get further information for themselves or to get help for an adolescent.

Family Health Information Line

1-800-942-7434 (toll free in RI)

401-222-5960 (out of state)

Do you have questions about your family's health? Want to learn more about health programs? Family Health Information Line specialists are available to answer your questions, in English and Spanish, Monday through Friday from 8:30 a.m. to 4:30 p.m.

ParentLinkRI.org

www.parentlinkri.org

ParentLinkRI.org links parents of pre-teens and teens with parenting skill-building programs and services in Rhode Island. Find out about classes and workshops for parents. Also find out about educational, counseling, and recreational activities and services for kids and families.

Rhode Island Parent

Information Network (RIPIN)

401-727-4144 or 1-800-464-3399 (toll free in RI)

www.ripin.org

RIPIN is a statewide, nonprofit agency that provides information, training, support and advocacy to parents seeking help for their children.

Can We Talk Rhode Island?

401-465-9560 or 401-463-9630

canwetalkri@aol.com

Can We Talk? is a series of workshops to help parents talk with their pre-teenage children about self-esteem, sexuality, HIV, and peer pressure. Programs are opening around the state. Workshops are held in English and Spanish.

Being a Man, Being a Role Model

1

Session Overview: Core Content

Research shows that boys need ongoing relationships with caring adult males in order to succeed. Participants should begin to recognize that they are role models, whether they realized it before or not. Role models are all kinds of people – family members, teachers, community members, and business leaders. Role models should appreciate the safety, security and support that all men can provide to boys and young men in their community, and how all role models influence the development of character and responsibility. Role models should understand what kinds of people, values, activities, and environments help boys and young men succeed, as outlined by the Search Institute

| SESSION GOALS |
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| At the end of this session, role models will: |
| » Accept responsibility for the important role they play in the lives of children and adolescents; |
| » Communicate to others, through words and actions, the importance of men in the lives of children and adolescents; |
| » Act as positive role models to boys and young men; and |
| » Offer on-going guidance and support to boys and young men. |

in the 40 Developmental Assets model, and by others.

| SESSION TRAINING OBJECTIVES |
|--|
| » Role models will examine how men are socialized into traditionally masculine behaviors – some positive and some negative – and choose to adopt and model positive behaviors. |
| » Role models will understand the role of men in the lives of children and adolescents. |
| » Role models will appreciate the value of fathers to children and to society. |
| » Role models will identify youth developmental assets (positive experiences and personal qualities that young men need to grow up healthy, caring, and responsible) and how to support the development of these assets in boys. |

Role models should also learn about the important role that men have as fathers and the difference that a father can make in the lives of his children, both financially and emotionally, even if they are not living together.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible.

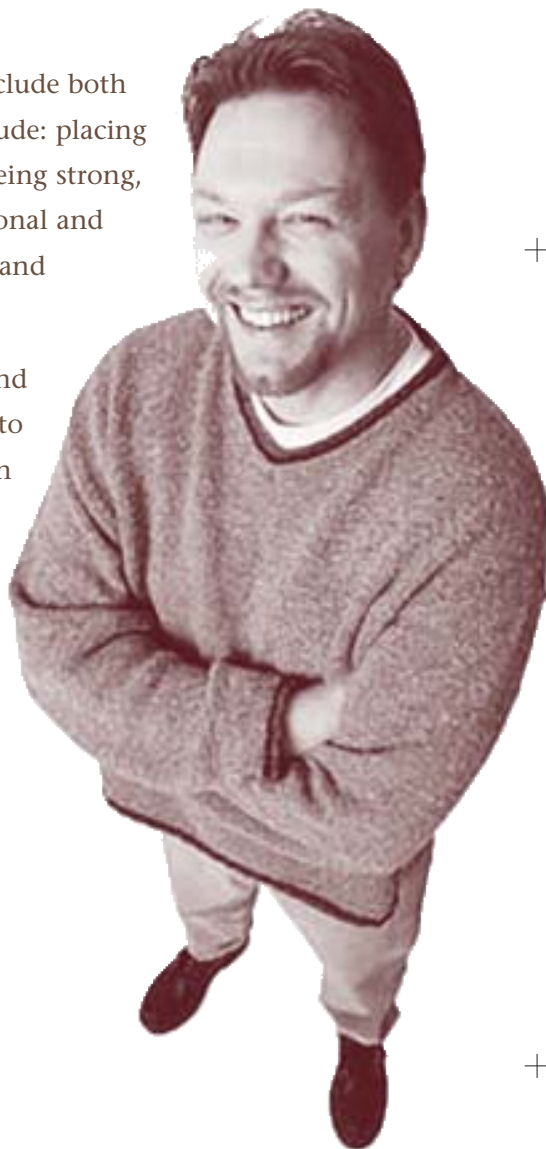
Key Messages & Recommended Tools

Introduction/Discussion Starter (Suggested Time: 5 minutes)

- 1. Who are the men who have influenced you? What made them important to you?
- 2. What do you think a man’s role is in society? With children?

The Role of Men (Suggested time: 15 minutes)

- 1. Our understanding of what it means to be a man comes from society (i.e., family, schools, work, friends, neighbors, the media), personal experiences growing up (i.e., fathers and other adults), and history (i.e., historical heroes, villains, and others).
- 2. Modern stereotypes of “being a man” include both negative and positive behaviors. These include: placing an emphasis on sports, sex and drinking; being strong, brave, and dependable; appearing unemotional and emotionally distant; and being courageous and adventurous.
- 3. Men have a choice about what actions and behaviors they engage in. Men can choose to learn and model positive behaviors, and can become aware of and avoid behaviors that have negative consequences.



POSSIBLE EXERCISES

- 1. Draw a large empty box.
- 2. Ask, “What is a man supposed to act like?” Write down responses in the middle of the box.
- 3. Then ask, “What is a man NOT supposed to act like?” Write responses outside the box.
- 4. Ask “What happens to men if we step outside the box?” Record both negative and positive responses (e.g. get ridiculed, have closer relationship with children).

The Importance of Men in the Lives of Children and Adolescents

(Suggested time: 25 minutes)

- 1. Men have a powerful influence on the development and future of children and adolescents. Whether they engage in positive or negative behaviors, men are role models to boys and young men. It is important for men to learn how to be positive role models to support children and adolescents through the process of growing up.
- 2. Adolescents are less likely to have sex, use drugs, alcohol and tobacco, or act out in violent ways if they have an ongoing relationship with at least one adult – particularly a parent – who provides love and guidance. Some research suggests that having three or more caring adults in their lives, in addition to parents, is best for teens.
- 3. In addition to protecting adolescents from risky behaviors, having positive role models increases the chances that adolescents will succeed in school, value diversity, and maintain good health.
- 4. Some attributes of positive role models include:
 - a. Positive attitudes towards children and adolescents. This includes seeing past negative stereotypes and valuing youth for who they are, having a sense of hope and optimism for youth, recognizing one’s responsibility for youth in the community, and recognizing the “ups and downs” of adolescence.
 - b. Personal foundation for healthy growth and development. This includes modeling and encouraging good relationship and communication skills, confidence, conflict management skills, and healthy behaviors.
 - c. Good relationships with children and adolescents. This includes taking the initiative to build relationships with young men, modeling healthy attitudes and choices, and understanding/respecting young men’s experiences and challenges.

POSSIBLE DISCUSSION QUESTIONS

- 1. What are the characteristics of a positive role model?
- 2. Think about your current favorite TV shows or movies. What do they say about manhood/fatherhood today? What do they say about relationships between adults and teens?

Note to trainers: Please bear in mind that many Men2B participants are fathers, but many are not, and may not intend to become fathers. While the emphasis is on fathers, this information and advice is intended to be relevant to all participants.

POSSIBLE DISCUSSION QUESTIONS

1.

How can fathers become involved and engaged in their children’s lives if they do not live together? Why is this important?

2.

Why do we have the institution of marriage? Does it benefit individuals? Does it benefit children? Does it benefit society? How?

3.

Does growing up in a home with a strong marriage help children succeed? How? How can men contribute to a strong marriage?

The Value of Fathers to Children and Society

(Suggested time: 20 minutes)

1. Research shows that, on average, children who grow up living with both biological parents in a low-conflict marriage are better off in the long run than other children – in terms of health, behavior, education, and income. Of course, this is just the general trend. Not all children living with married parents do well and not all children in other family arrangements have problems.

2. It is very important for fathers to be active and involved in their children’s lives – regardless of family structure or living situation. Fathers can have a major, positive influence on their children. On average, when they have loving, involved fathers, children are more likely to:

- a. Be healthy;
- b. Do well in school;
- c. Have fewer mental and emotional problems;
- d. Avoid risky behaviors, such as drug use, truancy, and violence;
- e. Avoid becoming teen parents; and
- f. Be financially secure.

3. Fathers play an important role in guiding and disciplining their children.

4. Men play an important role in the development of character and responsibility in boys.

5. Boys look to fathers and other men to model behavior and learn how a man should act. For example, men play an important role in modeling respectful treatment of women by acting respectfully towards their wives, girlfriends, “exes”, and friends.

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Boys’ Developmental Assets and How Adults Can Help

(Suggested time: 25 minutes)

1. Adolescents need parents and other caring adults to:
- a. Model responsibility and healthy behaviors;
 - b. Offer high levels of love, support, and praise;
 - c. Communicate well (talk and listen);
 - d. Provide a sense of safety and monitor their whereabouts;
 - e. Set clear rules and consequences and enforce them consistently;
 - f. Keep high expectations for them;
 - g. Help them set goals for themselves and strive to meet those goals;
 - h. Provide opportunities for them to learn and practice new skills;
 - i. Teach the value of community service; and
 - j. Get help for them, if needed.

2. There are many opportunities for adults to help build boys’ developmental assets. Some include:

- a. Individual activities with boys and young men including playing a game, visiting the library, going for a walk, cooking or eating a meal together, attending a teen’s school or sports team activity, driving and talking together, or even spending time talking together without a specific activity. Reading together is an excellent way for fathers and other role models to help children succeed.
- b. Group activities with boys and young men including opportunities with youth organizations, community activities, and school involvement.

POSSIBLE DISCUSSION QUESTIONS

1.

What happens when boys have no positive male role models? What about girls?

2.

What are some strategies or actions you can take to support boys as they grow?

Note to trainers: Please refer to the Search Institute’s 40 Developmental Assets available at www.search-institute.org/assets/forty.html. Consider using this document as a handout.

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Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

For More Information

RHODE ISLAND RESOURCES

Mentoring

Rhode Island Mentoring Partnership
Feinstein Mentor Network
401-732-7700, www.rimentor.org

Find out more about being a mentor in Rhode Island. Mentoring programs across the state can match you up with a boy or teen. Some are in community agencies (like Big Brothers). Some programs are in schools. Most programs require a background check and a one-year commitment.

Paternity and Child Support

Child Support Enforcement Office
RI Department of Administration
401-222-2847 (main number)
401-222-7471 (community liaison/outreach worker)

The Child Support Office will give you services and information about paternity and child support. They will tell you what your rights and responsibilities as a father are. They are “father friendly.” They do not represent either parent in a custody case.

Finding a Job

Rapid Job Entry Program
RI Department of Labor and Training: www.dlt.state.ri.us
netWORKri career centers: www.networkri.org

These one-stop centers can help you with:

- » Finding a job
- » Skills training
- » Career assessment
- » Interviewing
- » Resume writing
- » Supportive services

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|------------------|--------------|--------------------|--------------|
| Pawtucket | 401-722-3100 | Warren | 401-245-9300 |
| Providence | 401-462-8900 | West Warwick | 401-828-8382 |
| Wakefield | 401-789-9721 | Woonsocket | 401-762-9010 |

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Fathering Programs

Rhode Island Parent Information Network (RIPIN)
401-727-4144 or 1-800-464-3399 (toll free in RI)
www.ripin.org
www.ripin.org/fathers.html (about fatherhood in RI)
www.ripin.org/fatherandfamilynetwork.html
(lists RI agencies with fathering programs)

RIPIN is a statewide, nonprofit agency that provides information, training, support and advocacy to parents seeking help for their children.

WEBSITES

Being a Role Model or a Mentor

America’s Promise
www.americaspromise.org (Click on “How you can help”)

National Mentoring Partnership
www.mentoring.org

Information about Fatherhood

National Fatherhood Initiative
www.fatherhood.org

National Latino Fatherhood and Family Institute
www.nlffi.org

Fathers 1st (fathers of children with special health care needs – RI)
www.fathers1st.org

Fathers Network (fathers of children with special health care needs – national)
www.fathersnetwork.org

Search Institute, 40 Developmental Assets
www.search-institute.org

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Session Overview: Core Content

Role models should learn basic information about adolescent development, including the physical and emotional changes that adolescents go through and how these changes affect behavior. Role models should be able to identify the key developmental tasks and needs of adolescents. They should learn how they can help young men achieve these tasks. Teens’ bodies and minds are transitioning into adulthood. They need

guidance and parameters from caring adults who can help them build self-esteem, confidence, and good character. Role models should be able to do this with patience and good humor, and they should have some empathy for the adolescent experience.

SESSION GOALS

At the end of this session, role models will:

- » Talk with adolescent boys with understanding and empathy about what they are going through; and
- » Help adolescents make positive, healthy choices as they transition from childhood to adulthood.

SESSION TRAINING OBJECTIVES

- » Role models will identify physical, emotional, and cognitive changes that adolescents go through, and they will be prepared to discuss these changes with young men.
- » Role models will review the key developmental tasks and needs of adolescents.
- » Role models will examine ways adults can help adolescents deal with risks and achieve their developmental tasks.
- » Role models will appreciate the importance of reassuring young men that their feelings and insecurities are normal.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible.

Key Messages & Recommended Tools

POSSIBLE EXERCISES

Break into small groups and talk about “what is puberty?”

1. What are the physical changes that occur?

2. What do male teens need emotionally?

3. What roles and identities do male teens have?

Talk for 5 minutes, and then have group discussion of ideas.

Introduction/Discussion Starter

(Suggested time: 10 minutes)

1. What are some good things about teenagers?

2. Who wants to be a teenager again? Why or why not?

3. Quote: “I ain’t what I ought to be, I ain’t what I’m going to be, but I ain’t what I was.” (Erik Erikson, 1959, from a cowboys’ bar in the West.) How does this apply to adolescence?

Adolescent Development (Suggested time: 30 minutes)

Physical (“Body”) Changes:

1. During puberty, heightened production of growth hormones (estrogen and testosterone) leads to physical, emotional, and cognitive changes in adolescents.
2. Several physical changes occur during puberty. They include:

POSSIBLE DISCUSSION QUESTIONS

1. What are some physical changes that you typically see in young men? Young women?

2. Try to remember when you were going through these changes. What did that feel like?

- a. Growth (e.g. growth of legs, trunk, shoulders and chest – bodies as much as double in size; bones become harder and more dense; increase in physical strength; and gain of weight in muscle and fat).

b. Development of primary sex characteristics (e.g. maturation of sex organs; start of menstruation in girls; and testicle and penis growth, sperm development, and start of wet dreams in boys).

c. Development of secondary sex characteristics (e.g. growth of pubic, facial, underarm, and body hair; development of oil/sweat glands; development of acne and oily skin in both sexes; breast development in girls; and voice changes in boys).
3. Each individual experiences these changes at slightly different ages and rates. They generally start in girls before they start in boys.

Cognitive (“Brain” or “Thinking”) Changes:

1. The human brain grows rapidly during adolescence. The adolescent has an opportunity to develop skills like no other time in life, except during infancy. Examples of normal cognitive (“thinking”) changes include:
- a. Develop abstract thinking. Teens begin to understand more complex ideas, to think ahead, and consider possibilities.

b. Increased ability to make decisions and solve problems. Adolescents start to see the consequences of their actions, plan for the future, and see other people’s viewpoints. They also become better able to resolve conflicts in relationships.

Emotional (“Feeling”) Changes:

1. As their bodies and brains develop, adolescents begin to have more complex emotional experiences and develop new skills. Examples of normal emotional changes include:
- a. Mood swings, a craving for privacy/attention and short tempers.

b. Moral growth. Teens gain a new understanding of morals, values, and beliefs. They may question childhood values and beliefs. They become more focused on fairness and justice. They also become better at “putting themselves in other peoples shoes.”

c. Worrying about things like school performance and popularity.

d. Adjustment to sexual changes and feelings. Teens are faced with managing all the changes and new feelings, establishing a sexual identity, and developing skills for romantic relationships. They may engage in healthy or unhealthy sexual behaviors.

e. Self-consciousness about sexuality, body image, and appearance, particularly about appearing “normal” and fitting in.



» Gay, lesbian, bisexual, and transgendered teens may feel more self-conscious about these things because many have an overriding sense of “being different.” Due to this stigma, they cannot explore their sexuality as openly as heterosexual teens can. When they do open up, unfortunately, many gay, lesbian, bisexual and transgendered adolescents don’t receive the acceptance that they need from parents and close friends. They need extra support and acceptance.

f. Being caught up in oneself. A teen may believe he is the only person who feels the way he feels, and that he is so unique that no one else, particularly his family, can understand him. This belief can contribute to feelings of loneliness and isolation.

g. Identity formation and increased independence. Adolescents may argue a lot with their family members or try out different identities by changing the way they behave and dress and their choice of music and friends. However, teens want to change their relationships with parents, not end them.

h. New peer relationships. Friendships play a more important role in their lives. They may become deeper and more supportive. Their peer groups and cliques often influence adolescents’ healthy or risky behaviors.

i. Increased responsibility. As teens learn and practice new skills, they are learning to handle new roles and responsibilities.

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Risky Adolescent Behaviors *(Suggested Time: 25 minutes)*

1. As a result of these physical, emotional, and cognitive changes, adolescence can be a very turbulent time. As they adjust to the changes, develop new skills and abilities, and try on new roles, adolescents experiment and take new risks. Some risk-taking is normal and can be a healthy part of their development. However, teens may engage in risky behaviors that can result in harmful, unhealthy consequences.

2. Some examples of risky adolescent behaviors include:

a. Substance use: Adolescents sometimes choose to rebel against authority through substance use (e.g. alcohol, tobacco, illicit drugs). The media shows alcohol as a way to relax and have fun. Teens also see their peers or adults use alcohol and/or other substances.

b. Sexual intercourse: Sexuality is everywhere. Teens see it in the media. They hear about it from adults. Teens get a lot of mixed messages about it. So, many teens have sex, even though they are not ready to deal with the consequences of having sex.

c. Poor nutrition and physical inactivity: Teens spend a lot of time watching TV instead of going outside to play. They see a lot of ads for junk food. Many families don’t eat together. Many teens do not eat right and do not get enough exercise.

d. Violence: Adolescents may think that violence is an acceptable way to get what they want in their relationships with others. For example, boys may fight with each other to prove themselves, and some may use violence in a dating situation to exert power and control over a girl.

e. Gang involvement: Teens seek to find their “true self” through peer groups. Teens try out new roles and seek a sense of belonging. They also seek a sense of power and respect. Some teens find this by joining gangs.

POSSIBLE DISCUSSION QUESTIONS

- 1. What are some stereotypes about teenagers? How do you think they came to be?
- 2. What is normal behavior for adolescents?
- 3. What is risky behavior? How can you recognize when a teen may need help (e.g. a teen who’s sleeping a lot, is depressed, and shows signs of suicide)?

f. Bullying: Adolescents may bully others in order to feel like they have power or control. They may get approval from others. Also, too often nobody does anything about it.

g. Safety risks: Many teens have a sense of invincibility. They do not think that bad things can happen to them. They do whatever is easiest or looks like fun. They may drive too fast, not use a seat belt, and/or ride in a car with someone who has been drinking. Many teens do not use bike helmets or other safety equipment.



3. Depression is common among teens, and can lead to suicide. Many young men and women have prolonged feelings of sadness, hopelessness, and/or helplessness. Teens who are gay, lesbian, bisexual, and transgendered are at particular risk of depression and suicide.
4. Since adolescents are not yet adults, they do not have fully developed decision-making abilities or experience. Therefore, adolescents need the guidance and support of adults to negotiate the risks they face while growing up. They also look to adults to model responsible behavior.

How Adults Can Help

(Suggested time: 25 minutes)

1. Give teens a lot of love and support. In order to develop confidence and good character adolescents need a lot of love and support from adults who care for them.
 - a. Adults can do this by spending time with their teens.
 - b. They can also do this by talking to them. The conversation doesn’t have to be about something serious; teens appreciate talking to adults about everyday things such as school, movies, sports, or books.
2. Help teens build self-esteem and confidence by listening to them and reassuring them that what they are feeling is normal.
3. Help teens develop positive values, skills, and beliefs. Teach them the difference between right and wrong.
4. Help boys develop a sense of self or identity. Help them figure out and like who they are.
5. Help boys develop decision-making skills. Help them make good choices that won’t hurt themselves or others.
6. Teach them the ability to cope in healthy ways. Teach them to talk to someone they trust. Exercise or walking can also help.
7. Help teens develop positive relationships with friends and family members.
8. Help teens engage in useful activities at home or in the community (like chores, special responsibilities, or service to others). They need constructive ways to use their time. They need to feel responsible and valued and needed by the outside world.
9. Help teens by being a trusted source of accurate information. Teens appreciate directness and honesty from adults.

POSSIBLE EXERCISES

1. Break into groups of 3-4 and discuss how adults can help adolescents achieve developmental tasks or get the 40 Developmental Assets. What approaches are most important? Which ones do you do now? What else could you do? Come together as large group and review.
2. Role-play different scenarios exhibiting adolescent behavior. Pick two men, one to play the role model, the other to play the teen. Possible scenarios include:
 - a. A teen wants to get a tattoo. What would you say?
 - b. You catch a teen smoking marijuana. What would you say?
 - c. A teen talks to you about his feelings of depression. What would you say?
 - d. A teen’s friend was caught cheating on an exam and was suspended. The teen feels angry; he thinks the school’s policy is unfair. What would you advise this teen to do?
 - e. You find out that a teen is considering initiating into a dangerous gang. What would you say to him?

Note: Signs of depression and other mental health problems are included in Session 7 – Addressing Abuse.

10. Encourage teens to explore their areas of interest (sports, art, music, dance, writing, politics, etc.). They will have fun, learn new skills, and develop a sense of accomplishment.

11. Encourage teens to channel risk-taking into positive risks. By pushing themselves and trying new things, they can build their self-esteem. Such activities can include:

- a. Participating in school student politics,
- b. Writing a letter to the school newspaper,
- c. Speaking in public,
- d. Doing community service, or
- e. Rock climbing.



POSSIBLE DISCUSSION QUESTIONS

- 1. What are some other positive risks teens can take?
- 2. How can adults support/encourage them to try these instead of more dangerous ones?

For More Information

RHODE ISLAND RESOURCES

Family Health Information Line

1-800-942-7434 (toll free in RI)

401-222-5960 (out of state)

Do you have questions about your family’s health? Want to learn more about health programs? Family Health Information Line specialists are available to answer your questions, in English and Spanish, Monday through Friday from 8:30 a.m. to 4:30 p.m.

ParentLinkRI.org

www.parentlinkri.org

ParentLinkRI.org links parents of pre-teens and teens with parenting skill-building programs and services in Rhode Island. Find out about classes and workshops for parents. Also find out about educational, counseling, and recreational activities and services for kids and families.

WEBSITES

Adolescent Development

Dr. Eli Newberger, M.D., *The Men They Will Become*

www.elinewberger.com/earlyadol.html (Early adolescence)

www.elinewberger.com/lateadol.html (Late adolescence)

American Academy of Child and Adolescent Psychiatry,

“Normal Adolescent Development”

www.aacap.org/publications/factsfam/develop.htm

Search Institute, *40 Developmental Assets*

www.search-institute.org

Raising Teens

Nemours Foundation, “A Parent’s Guide to Surviving Adolescence”

www.kidshealth.org/parent/growth/growing/adolescence.html

A.R. Simpson, *Raising Teens: A Synthesis of Research and a Foundation for Action*

www.hsph.harvard.edu/chc/parenting/raising.html

Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

Session Overview: Core Content

Role models should learn basic communication skills and gain confidence in their abilities to communicate with boys. They should learn that boys and young men need adults in their lives to tell them that they are valued and that they can succeed. Role models should learn how communication is important to a supportive relationship with teens. They should learn the importance of listening and patience. There are ways to interpret verbal and non-verbal cues from teens and to use verbal and non-verbal strategies to communicate with them; role models should be comfortable using these skills. Role models should also be able to help young men communicate effectively. Role-playing is a good way to practice these skills.

SESSION GOALS

At the end of this session, role models will:

- » Confidently and effectively communicate with boys, especially about tough issues;
- » Build trust with boys and young men, through patience, understanding, and clear communication; and
- » Help boys and young men develop good communication skills.

SESSION TRAINING OBJECTIVES

- » Role models will grasp the importance of communicating openly with boys and of telling boys that they care about them.
- » Role models will develop skills in verbal and non-verbal communication to help them communicate effectively with boys.
- » Role models will learn to communicate with teens while being sensitive to cultural differences.
- » Role models will appreciate the importance of teaching good communication skills to teens.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible.

Note: Practice is important to learning communication skills. Therefore, we highly recommend that you leave significant time at the end of the session to practice these skills.



Key Messages & Recommended Tools

Introduction/Discussion Starter *(Suggested time: 5 minutes)*

- 1. How would you describe “good communication?”
- 2. How does good communication help you? At work? With your friends? With your family?

Importance of Good Communication Skills

(Suggested time: 5 minutes)

- 1. Communicating well is a life-long process of learning and practicing skills.
- 2. Having good communication skills will help you maintain satisfying relationships with the people in your life.
- 3. Good communication helps build trusting relationships.
- 4. It is important for adolescents to develop good communication skills. These skills can help them deal with difficult situations, such as telling a partner that they don’t want to have sex, or telling a peer that they don’t want to smoke. If adolescents are confident about their abilities to

communicate clearly and to be heard, they will stand up for themselves when feeling pressured.

Types and Styles of Communication

(Suggested time: 15 minutes)

- 1. People communicate with each other verbally and non-verbally. Verbal communication is when people send messages using words. Non-verbal communication is when people send messages through their actions, gestures, sounds, tone of voice, facial expressions, and body language. Both verbal and non-verbal communication are important. Research even suggests that people pay more attention to non-verbal communication than they do to words.

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- 2. Different people have different communication styles. The three basic styles of communication are passive, assertive, and aggressive.

- a. Passive communication is when a person:
 - » Does not express needs, wants, or opinions,
 - » Avoids taking a stand,
 - » Tends to agree with others, regardless of personal beliefs, and
 - » Avoids eye contact.
- b. Assertive communication is when a person:
 - » Honestly expresses needs, wants, and opinions,
 - » Stands up for positions,
 - » Tries to understand others before stating own feelings, and
 - » Uses direct and warm eye contact.
- c. Aggressive communication is when a person:
 - » Expresses needs, wants, or opinions in a hostile or demanding way,
 - » Forces decisions on others,
 - » Does not take other people’s feelings into account, and
 - » Uses staring or stern eye contact.

- 3. Everyone uses different combinations of these communication styles.

- 4. Assertive communication is more effective, and should be used as often as possible. But it takes practice.

- 5. Different cultures have different norms of communication. For example, norms for standing distance and eye contact may differ between cultures. It is important for role models to be willing to learn the appropriate norms of other cultures to communicate effectively.

POSSIBLE DISCUSSION QUESTIONS

- 1. What are ways that you communicate without talking? How is this different in other cultures? In your culture?
- 2. What challenges might face a teen who is from a different culture or whose native language is not English? How can you use communication to connect with that teen?
- 3. What are some positive things and some negative things about each communication style (passive, assertive, and aggressive)?

The Value of Communicating with Boys

(Suggested time: 10 minutes)

- 1. All teens, whether they have problems or not, need to hear repeatedly that they are valued. Hearing this makes them feel loved and builds their self-esteem. Self-esteem is a major factor in a person’s ability to communicate clearly and effectively.
- 2. Despite how teens act and what they say, teens care about what adults say and think, especially when they know that adults care about them.
- 3. It is important to keep the lines of communication open with a child.
- 4. Communicate early and often throughout childhood and adolescence – especially about the “tough stuff” like sex, drugs, alcohol, and violence. Starting early and having ongoing conversations builds an open and direct

relationship. The child or adolescent will feel comfortable turning to an adult when in a difficult situation.

- 5. Adolescents learn from example. They observe the behavior of the adults in their lives and they tend to imitate that behavior. Therefore, adults should be aware of what their actions and their words communicate.

Good Communication With Boys and Young Men: The Essentials

(Suggested time: 15 minutes)

- 1. If you do not have much experience dealing with adolescents, a good way to learn is to talk to parents of adolescents and teenagers.
- 2. A trusting, supportive relationship is the foundation of good communication. To build trust, role models and parents should:
 - a. Spend time with teens. It tells them that they are important to you. Be available and dependable when a teen needs you.
 - b. Listen to them. This may be more important than anything you say to them. Ask questions. Trust starts with knowing you’re listening.
 - c. Be supportive, affectionate and encouraging.

- d. Communicate early and often – especially about the “tough stuff” like sex, drugs, and violence. Doing this will let the boy know he can talk to you. If you say things often, he is more likely to remember. And he is more likely to follow your advice.
- e. Talk to them even when you don’t have something serious to talk about. Talk to them about everyday things like movies, music, and school. These conversations will help you get to know the adolescent better and will help build a strong relationship.
- f. Be honest. Teens can tell when others are being truthful. Don’t lie if you do not have an answer to a teen’s question. The best thing to do is to be honest and then go find the answer together. It’s okay to say that something is too personal, or that you are not willing to talk about it.
- g. Be open to their point of view. You may not agree with a teen, but be respectful of his views. If appropriate, explain your values and beliefs to him. Listen to him first. Then you can explain your opinion.

- 3. It is important for role models to show interest in teens’ lives.

Role models should:

- a. Educate themselves about the influences affecting teens today. Teens will take you more seriously if you understand “their world” (i.e., music, movies, events, etc.)
- b. Ask questions about things that interest them and ask them to share their feelings and beliefs.

- 4. It is also important for role models to impart good communication skills to the boys and young men in their lives, not just by demonstrating good communication skills but also by teaching what you have learned about good communication here.

Tips for Good Communication (Suggested time: 40 minutes)

1. Role models who are not parents or family members of a teen should respect the boundaries and values of the boy’s family and culture. Before talking to a teen about sensitive issues, make sure you understand what is appropriate and not appropriate to communicate.

2. Following are some tips for good communication:

- a. Listen to their ideas and problems. It is as important to listen, as it is to talk. Be patient. Don’t interrupt or prepare what you will say while the adolescent is talking.
- b. Ask direct open-ended questions, not questions that will get a one-word answer.
- c. Use “I” messages, like “I think” or “I feel” or “I would like,” rather than “You did this” or “Why did you do that?” or “You make me…”

d. Pay attention to body language and voice and tone—your own as well as the boy’s. Studying his behavior will help you determine how he is feeling, and you can respond to those feelings.

e. Pick a good time to talk, a time and place where you can talk openly, don’t have to feel rushed, and don’t have to yell to be heard.

f. Use words that are right for the boy’s age. Communicating with younger boys is different than with older teens.

g. Be aware of your own actions and words. Boys watch how adults behave and they imitate it. So set a good example.

3. Following are some tips for avoiding poor communication:

- a. Don’t wait for a teen to come talk to you. Often they don’t think you are interested in them. Go start a conversation. It shows that you care.
- b. Don’t say something that you will regret later. But if you do, go back and apologize as soon as you can.
- c. Don’t tease too much. Teens can be very sensitive and too much teasing hurts them, even if they don’t show it.
- d. Don’t lecture and nag too much. Explain your point of view simply, clearly, and with as little judgment as possible.
- e. Don’t talk to a teen only when he has done something wrong. Praise him when he does good things.
- f. Don’t make assumptions about what a teen is saying. If you need clarification, ask for confirmation or repetition.
- g. Don’t say one thing and do another. This can confuse teens. They will probably pay more attention to what you do than what you say.

POSSIBLE EXERCISES

Role-play to practice communicating with a teen. Have one person be a parent, the other an adolescent. Pick a situation from this list to demonstrate at least three communication skills that you have learned in this session:

- 1. A teen got into a fight at school.
- 2. A teen completed his chores without being asked.
- 3. A teen got his first A on an exam in a hard class.
- 4. A teen is caught smoking in his room.
- 5. You found out a teen has started having sex.

Have the rest of the group point out what communication strategies were used and whether they were effective. How could you communicate more effectively?

Repeat exercise with switched roles and with different scenarios.



Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

For More Information

RHODE ISLAND RESOURCES

Talking with Teens

Can We Talk Rhode Island?
401-465-9560 or 401-463-9630
canwetalkri@aol.com

Can We Talk? is a series of workshops to help parents talk with their pre-teenage children about self-esteem, sexuality, HIV, and peer pressure. Programs are opening around the state. Workshops are held in English and Spanish.

WEBSITES

Talking with Teens

Talking with Kids about Tough Issues
www.talkingwithkids.org

KidSource, “How Can Parents Model Good Listening Skills”
www.kidsource.com/kidsource/content2/How_Can_Parents_Model.html

Substance Abuse and Mental Health Services Administration, *A Family Guide to Keeping Youth Mentally Healthy & Drug Free* – “Talk With Your Child”
www.family.samhsa.gov/talk

White House Council on Youth Violence. (2000). *Helping your Children Navigate their Teen Years: A Guide for Parents*.
<http://media.shs.net/ken/pdf/SVP-0013/SVP-0013.pdf>

Setting Limits & Using Positive Discipline



Session Overview: Core Content

Children and teens need adult supervision and guidance. Adults have a responsibility to keep adolescents safe and to hold them accountable for their decisions and their actions. Many adults have given up much of their active influence and control over children and adolescents.

In this session, men will learn how to set appropriate limits at different stages of childhood and adolescence, and how to judge when a boy is ready to handle more freedom and responsibility. Role models should learn the difference between positive parenting and other styles of parenting. They should also learn the difference between discipline and punishment. They should understand why discipline works better than punishment. Role models will learn how to set and negotiate rules, responsibilities and consequences fairly. They will

also recognize the importance of setting a good example and of respecting and trusting adolescents.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible.

SESSION GOALS

At the end of this session, role models will:

- » Apply a positive approach to role modeling or parenting boys and young men;
- » Be able to discipline effectively—not punish—boys and young men;
- » Help boys and young men learn self-discipline and responsibility; and
- » Within their realm of influence, ensure adult supervision of boys during out-of-school hours.

SESSION TRAINING OBJECTIVES

- » Role models will grasp the importance of adult supervision and guidance for children and teens.
- » Role models will learn the importance of having a positive parenting/role-modeling style.
- » Role models will recognize the difference between punishment and discipline.
- » Role models will practice strategies for setting appropriate limits and enforcing them.

Key Messages And Recommended Tools

Introduction/Discussion Starter (Suggested time: 5 minutes)

- 1. Why do adolescents need discipline?
- 2. Are there limits and rules that govern your life?

The Importance of Adult Supervision and Guidance (Suggested time: 10 minutes)

- 1. Teens need supervision and guidance from adults to keep them safe and help them make healthy choices. Guidance is just as important for teens as it is for younger children, even if how it is given changes over time.
- 2. Teenagers often get into trouble because they have too much unsupervised time.
- 3. Children left alone after school regularly are also more likely to experience depression.
- 4. Guidance and discipline from adults help adolescents build their developmental assets, including self-esteem and self-reliance.

POSSIBLE EXERCISE

Note to trainer: Collect the news stories for the exercise in advance from television, radio, and newspapers.

Share news stories about both positive and negative current events involving youth (e.g. youth violence, gangs, awards, community service etc.). How do these stories demonstrate the importance of setting limits and communicating with children and adolescents?

- 5. Positive discipline helps an adolescent develop an inner guidance system to help him act responsibly and to exercise self-discipline in the long term.

Parenting/Role Model Styles and Discipline

(Suggested time: 25 minutes)

- 1. Four basic kinds of parenting styles are:
 - a. Positive Parenting: is warm, supportive and encouraging while being firm, consistent, and clear with limits and boundaries.
 - b. Permissive Parenting: is inconsistent enforcement of rules or no rules at all, as well as acting more like a pal than a parent.
 - c. Dominating Parenting: is harsh, punitive and rigid.
 - d. Uninvolved Parenting: is an inconsistent presence in – or absence from – the child’s life. Teens raise themselves.
- 2. Positive parents make high demands while being emotionally responsive to their children’s need for independence. Research shows that positive parenting is the most effective. This is true across cultural, racial, and economic groups. Adolescents raised by positive parents are more likely to do well in school, avoid risky behavior, be less depressed, and have better social skills.
- 3. Parents have to walk a fine line between controlling too much and being too relaxed about rules. When parents are too restrictive, they can push teens toward rebellion. When they are too permissive, teens may get out of control.

POSSIBLE EXERCISE

- 1. Role-play to practice different parenting styles (positive, permissive, dominating, uninvolved) with a teen. Have one person be a parent, the other an adolescent. The teen did not do his chores. When asked, he explains that he has fallen behind on his homework and did not find time for chores.
- 2. How could a parent’s response vary depending on his/her parenting style? What does a positive style offer a teen that the other parenting styles don’t?

Note to trainers: Please bear in mind that many Men2B participants are fathers, but many are not, and may not intend to become fathers. While the emphasis is on fathers, this information and advice is relevant to all participants.

Note to Trainer: Discussion Question #1 may lead to an emotional and involved discussion about personal experiences. Please maintain a safe and supportive environment. You may need to limit responses to the context of this training session in order to stay within a reasonable time limit.

POSSIBLE DISCUSSION QUESTIONS

1. How were you punished or disciplined growing up?

a. What do you think worked well about how you were raised?

b. What would you want done differently?

2. Talk about differences in discipline and punishment between American culture and other cultures. Who takes care of children? Who is responsible for discipline and punishment? Do mothers have/need support? Do fathers?

Discipline and Punishment: What’s the Difference?

(Suggested time: 15 minutes)

1. Discipline is not the same as punishment.

a. Definition of discipline: To lead or guide behavior in a positive way. Discipline provides constructive feedback for improving behavior. It is about teaching.

b. Definition of punishment: To cause someone to suffer for an offense. Punishment is a way of exercising power and control over another person. Often it is about anger and aggression.
2. Positive discipline is more effective than punishment. Punishment should be limited.
3. It is easier to punish than to discipline a teen. It takes time and patience to discipline a teen. But it is worth the effort, in the long-term. Through discipline, a teen learns about the natural consequences of his actions, learns self-control and learns to make better choices.
4. With discipline, a teen is given a voice in deciding rules and consequences. With punishment, a teen has no say about what the rules and consequences will be.
5. Adults should never use punishment that causes physical or emotional harm to a child or teen. There are resources available to help adults avoid abusing children.



Tips for Disciplining Teens and Setting Limits

(Suggested time: 35 minutes)

Use Positive Approaches to Discipline:

1. Be respectful of a boy’s needs and feelings when disciplining him. Don’t make him feel shame. Remember, people make mistakes. Try not to overreact if a teen breaks a rule.
2. Make it clear to the boy that you care about him. Adolescents want to please adults when they know that adults care.
3. Talk about the situation. Listen to the teen’s point of view.
4. Choose the battles. Focus on the issues that really matter.
5. Anticipate the boy’s behaviors and actions. Expect him to test the limits.
6. If you argue, stay calm and in charge. Remember, you are the adult.
7. Keep a sense of humor and perspective.
8. Acknowledge positive behavior to help develop the boy’s confidence. Sometimes adolescents think, “They only notice when I do things wrong.” Praise them for completing tasks.

Set and Enforce Clear Rules and Consequences:

9. Clearly define and reinforce rules and their consequences. All teens need rules and consequences that are clear and consistent.

a. Have firm rules when health, safety, or your family values are at stake. These should not change, even if your teen does not agree with them. For example, firm rules could include: “You must always wear your safety helmet when riding a bike or skateboarding,” or “You are not allowed to smoke or drink alcohol.”

b. Have flexible rules when health, safety, or family values are not at stake. These can be negotiated, changed, or even waived, if there is a good reason. Involving teens in the decision-making process builds their self-esteem, and they are more likely to do the right thing. For example, flexible rules could include: “You cannot have long hair, but we can negotiate longer hair if you keep it cleaned and combed.”

POSSIBLE EXERCISES

Role-play to practice setting rules and consequences with a teen. Have one person be a parent, the other an adolescent. Set rules and consequences for:

- » Chores that your adolescent will be responsible for.
- » Curfew.
- » Inappropriate behaviors (drinking, smoking, etc.) in and out of the house.

1. Explain why you are setting these rules.
2. Decide if some rules can be negotiated. If so, allow the teen to do so.
3. Vary the scenario between a teen who follows the rules and one who doesn't.
4. Vary the scenario between boys of different ages.
5. After the role-play, as a group, discuss which techniques worked and which didn't work.

- c. Set consequences that are:
- » Appropriate for the boy's age.
 - » Reasonable – not extreme, but not so minor that they will be ignored.
 - » Related to the incident – for example, if a teen breaks his curfew, then he loses the privilege to go out the next time.
 - » Timely – soon after a rule is broken, or they won't have an impact.
 - » Enforceable – the adult can actually follow through on them.
 - » Escalate with repeated rule breaking – so the teen starts to take the rule seriously.

Communicate Consistently:

10. Don't send mixed messages. Be consistent when setting rules and consequences.

11. Help the teen follow the rules by:
- a. Explaining the rationale behind the rules that were set. Use words he will understand; and
 - b. Helping him figure out how to follow the rules, even when adults are not around.

12. Always communicate with the teen. If he does something inappropriate, discuss the choices he made and the consequences of his choices. Teach him to make better choices.

Monitor the Teen's Activities:

13. Know his whereabouts and his activities. Make sure he understands that you know and care about where he is. Know:
- a. WHO he is with;
 - b. WHAT he is doing;
 - c. WHERE he is; and
 - d. WHEN he will be home.

14. Get to know the teen's teachers, parents of his friends, and other adults who are with him when you aren't. Stay in touch with them.

Enforce Rules When They Are Broken:

15. Enforce the rules consistently. If you look the other way, he won't take the rules seriously.

16. Follow through with definite consequences. Empty threats don't work in the long run.

17. Talk to him about the situation. Teach him to make better choices.

18. If he continues to break a rule, think about setting more serious consequences.

Set a Good Example:

19. Model behavior and choices that you want the teen to follow. This is one of the best ways to teach good behavior.

POSSIBLE DISCUSSION QUESTIONS

1. How do you expect your child or adolescent to behave?
2. How can you support or model those behaviors?



Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

For More Information

RHODE ISLAND RESOURCES

Positive Parenting

ParentLinkRI.org
www.parentlinkri.org
ParentLinkRI.org links parents of pre-teens and teens with parenting skill-building programs and services in Rhode Island. Find out about classes and workshops for parents. Also find out about educational, counseling, and recreational activities and services for kids and families.

Rhode Island Parent Information Network (RIPIN)
401-727-4144 or 1-800-464-3399 (toll free in RI)
www.ripin.org
RIPIN is a statewide, nonprofit agency that provides information, training, support and advocacy to parents seeking help for their children.

Positive Discipline

Prevent Child Abuse RI
401-728-7920
www.preventchildabuse-ri.org

WEBSITES

Positive Parenting

Shoulder to Shoulder
www.shouldertoshoulderminnesota.org

Nemours Foundation, “Positive Parenting”
www.kidshealth.org/parent/positive

Hablemos en Confianza (English/Spanish)
www.soyunica.gov/adults

Positive Discipline

University of Nebraska-Lincoln, “Positive Approach to Discipline”
<http://ianrpubs.unl.edu/family/g1190.htm>

Reducing Mixed Messages About Sex, Drugs, And Violence



Session Overview: Core Content

Children and adolescents see and hear a wide range of messages about sexual activity, substance use and violence. Often these messages are contradictory and confusing. In this session, role models should understand that the media and adults themselves are two sources of mixed messages about sex, drugs, and violence. Role models should recognize what motivates advertisers, TV and movie producers, and other types of media, and that the consequences of unhealthy choices by characters in the media are rarely shown. Role models should also understand how their own beliefs and messages about sex, drug use, and violence might powerfully influence boys and young men.

SESSION GOALS

At the end of this session, role models will:

- » Teach boys how messages portrayed in the media can lead adolescents and adults to make poor decisions about personal safety and health;
- » Help teens make educated choices in their consumption of media; and
- » Talk with teens about the reasons they should abstain from sexual intercourse, substance use, and violent behavior.

SESSION TRAINING OBJECTIVES

- » Role models will recognize mixed health messages imparted to youth by the media and by themselves or other adults.
- » Role models will learn to help boys judge whether messages promote accurate, healthy information or biased, inaccurate information.
- » Role models will develop skills to communicate accurate preventive health information to youth, including the reasons teens should abstain from sexual intercourse, substance use, and violent behavior.

Boys and young men need caring adults to help them evaluate mixed messages and to avoid making poor choices about personal safety and health. Through words and actions, role models should learn how to increase boys’ awareness of messages in the media, and should communicate clear and consistent messages to boys and young men about abstaining from sex, drugs, and violence.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible.

Key Messages & Recommended Tools

Introduction/Discussion Starter (Suggested time: 5 minutes)

- 1. Do you think the media (TV, music, the Internet, etc.) are good for children and teens? Why or why not?
- 2. How can the media be used to communicate more positive messages?

Recognizing Mixed Messages from Adults and in the Media (Suggested time: 20 minutes)

- 1. Children and adolescents see and hear a wide range of messages about sexual activity, substance use, and violence. Often these messages are contradictory and confusing. The media and adults themselves are two sources of mixed messages about sex, drugs, and violence.
- 2. Mixed messages can come from different people. They can also come from one person (e.g. saying one thing one time and something else another time, or saying one thing but doing another).
- 3. Boys and young men absorb all kinds of messages from the media. Currently, the average American child or adolescent spends more than 21 hours per week watching television. This is in addition to time spent watching movies, listening to music or watching music videos, playing video/computer games, surfing the Internet, reading magazines or listening to the radio.



- 4. Used wisely, the media can be a tool for education and growth. For example, good TV programs can inform, good music can inspire, and good movies can expand interests.
- 5. However, many forms of media contain messages about human sexuality, drugs, alcohol, tobacco and violence that are misleading and biased. Common messages include:
 - a. Sex: “Everyone is having sex (including teens). Casual sex is the norm and is OK for young people.”
 - b. Drugs: “Smoking, alcohol and other drug use will bring you money, success, women, and power.”
 - c. Violence: “Being a man means being “tough” and macho; sometimes you have to harm people and cause destruction to get your way.”
- 6. The media rarely show any of the potential negative consequences, such as:
 - a. Sex: unplanned pregnancies, STDs and HIV/AIDS, or emotional complications;
 - b. Drugs: impaired decision making, drunk driving, addiction, legal troubles, or long-term health problems; and
 - c. Violence: the actual pain and damage caused to victims, relatives and by-standers, the cycle of violence, or legal troubles.
- 7. Adults can also give boys and young men mixed messages about sex, substance use, and violence. For example, adults may ask teens to abstain from alcohol or sexual intercourse when they are not abstinent themselves. Adults should explain to teens that having sex and drinking alcohol responsibly require levels of life experience, self-sufficiency, accountability, and responsibility that teens do not yet have.

POSSIBLE DISCUSSION QUESTIONS

1.

What are examples of mixed messages that you see in the media?

2.

Do you think sex and love in the movies and on TV are portrayed realistically? How are they different from reality?

3.

What do you think kids learn about sex from the media?

4.

Do you like to watch violence in movies and on TV? Why?

5.

Do you think that violence in movies and on video games affects boys? How?

6.

What are some mixed messages that you or people you know may be giving to teens? What might you do differently? What might you say to a teen about this?

The Impact of Mixed Messages on Boys and Young Men

(Suggested time: 15 minutes)

1.

Research suggests that messages in the media have a powerful influence on boys’ and young men’s beliefs, behavior, and values. For example, studies have shown that children and teens...

a.

Who watch a lot of violence on TV will gradually accept violence as a way to solve problems and imitate what they see on TV.

b.

Who are heavily exposed to sexual content in TV have increased acceptance of non-marital sex and believe that their peers engage in those same activities.

c.

Who watch a lot of TV are more likely to be obese and have poor school performance. They may also engage in earlier sexual activity and have lower self-esteem.

2. Research also shows that parents and other role models have an even more powerful impact on young men’s beliefs, behavior, and values. Teens are influenced both by what parents say and what they do.

a.

Parents’ behavior has been shown to influence teens’ health habits and risky behaviors, school habits and performance, social skills and relationships, coping skills, etc.

b.

Teens also pay more attention to what their parents —and other trusted adults—say than it may seem. Teens report that they want to turn to their parents for advice about a wide range of issues, including challenging issues such as drugs or sex.

c.

Teens whose parents drink or use drugs are more likely to drink or use drugs, themselves.

d.

Teens report that parents are the biggest influence on their decisions about sex.

3. Many children and teens don’t distinguish the “good” messages from the “bad.” They need a caring adult to model positive behaviors and help them become educated consumers when it comes to the media.

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MEN2B TRAINER’S GUIDE

Tips for Adults To Help Boys and Young Men Make Healthy Decisions

(Suggested time: 50 minutes)

Help boys and young men become more aware of media messages:

1.

Understanding media messages can reduce the harmful effects of TV violence, help teens make responsible decisions, and reduce the risk of alcohol, tobacco, and illicit drug use.

2.

Adults can help children and teens make good media choices by:

a.

Limiting the amount of time children and teens spend watching TV, surfing the Internet or playing video games.

b.

Monitoring and learning about what they are watching and listening to.

c.

Watching or listening with them. This allows adults to spend time with them and to learn more about the TV shows, movies, and video games they like. Adults should talk with them about what they are seeing and hearing.

d.

Suggesting more educational TV programs, movies, and CDs. News and history programs, for example, can encourage conversations about world issues, local and national politics, social problems, and health concerns.

e.

Talking about the difference between facts and point of view. Children and teens should understand that not everything they see or hear is true. Media portrays a point of view and can promote certain ideas or beliefs that may not be accurate or appropriate.

f.

Talking about misleading ads. Adults should explain that the purpose of ads is to sell products and that the ads may portray misleading messages.

POSSIBLE DISCUSSION QUESTIONS

1.

Why do TV and movies frequently include sexual or violent themes?

2.

How does it benefit tobacco and alcohol companies to get movie stars to smoke and drink on screen? Why would they try to get their products in the movies?

3.

What are examples of mixed messages that adults give to teens? What are the consequences of this?

4.

How would you explain the following seemingly contradictory messages to a teen?

a.

“Don’t stay out after curfew, but if you’re late, don’t drive the car too fast on your way home.”

b.

“Don’t have sex, but if you do, use a condom and birth control.”

c.

“Don’t go out with an older boy, but if you did and you are in trouble, call me and I’ll come get you.”

d.

“Get good grades, but if you don’t, I still love you and will try to help you.”

SESSION 5: REDUCING MIXED MESSAGES ABOUT SEX, DRUGS, AND VIOLENCE

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Note: If a role model is not a teen’s parent, he should be sensitive to the values of the parents when talking to the teen.

Be a positive role model and communicate clearly and consistently about the reasons teens should abstain from sex, drugs, and violence:

- 1. Stick to the facts and be honest. However, use your judgment. Be aware that certain information might not be appropriate to share with boys and young men, given their age, cultural background or family preferences.
- 2. Talk with teens about the consequences of sexual activity, substance use, and violence. These include STDs, unplanned pregnancy, addiction, physical harm and even death.
- 3. Learning about sex and birth control does not increase sexual activity among teens. Teens can learn about conception, sexually transmitted infections and how to use birth control and still understand why they should be abstinent from sexual intercourse, if they are given clear explanations from caring adults. They need this information to prepare for responsible adulthood.
- 4. Establish clear expectations about abstinence from sex, substance use and violence. Help teens figure out how they can avoid or handle situations where their health may be at risk.

- a. Sex: school-age teens should not have oral, anal or vaginal intercourse. It is unrealistic to expect teens to abstain from all sexuality or intimacy. Flirting, kissing, holding hands, dancing, dating, and thinking about someone they like are all normal and healthy behaviors for teenagers.
- b. Substances: teens should not drink alcohol, smoke or chew tobacco, or use any illicit drugs. They should not intentionally overuse caffeine, prescription drugs, over-the-counter medications, household chemicals, or other products that contain drugs. Teens should consult a medical doctor before using any performance enhancing substances for sports.

c. Violence: teens should not intentionally injure themselves or others. Teens should also not threaten or try to exert power or control over others, including boyfriends or girlfriends.

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- 5. Talk to them about what they can do, not just what they can’t do.
- 6. Help teens understand that they may not be ready for some behavior in which adults engage. For example, responsible sexual activity or moderate alcohol consumption may be appropriate for an adult, who has gained a level of life experience, self-sufficiency, accountability, and responsibility that a teen does not yet have. If you explain this clearly and respectfully, a teen should understand.
- 7. Help teens understand complex messages that, at first, may seem to contradict one another. For example, you may say to a young man, “Don’t drink, but if you do, don’t drive.” Explain that you expect him not to drink and that you would be upset if he did. However, explain that his immediate safety is of utmost concern. He should not drive regardless of whether or not he broke the rules about drinking. Teens are able to understand complex ideas, and most teens report that they understand messages like this.

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POSSIBLE EXERCISES

Show clips of popular music videos that teens are watching (e.g. Britney Spears, 50 Cent, Eminem) or advertisements from teen magazines with messages about sex, substance use and/or violence. Ask men to identify these messages and how they might impact teens’ beliefs and behaviors.

Messages could include:

- 1. Promoting negative stereotypes and treatment of women (e.g. insulting words used to refer to women and women’s body parts, stereotypes of female behavior, violence against women)
- 2. Glorification of sex and violence (e.g. praising promiscuity, romanticizing violence and death as being “tough” or “cool”)
- 3. Condoning use and distribution of drugs (e.g. smoking is cool, drugs will get you women, money and power)

Ask:

- 1. Would these behaviors be acceptable to you?
- 2. What would you say to a teen about these messages?
- 3. How would you explain the negative consequences of these images and messages in the real world?
- 4. Why are guns dangerous? (e.g. children can accidentally be shot, escalates violence)
- 5. What are the consequences of smoking? (e.g. addiction, cancer, heart disease)

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Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

For More Information

RHODE ISLAND RESOURCES

Can We Talk Rhode Island?
401-465-9560 or 401-463-9630
canwetalkri@aol.com

Can We Talk? is a series of workshops to help parents talk with their pre-teenage children about self-esteem, sexuality, HIV, and peer pressure. Programs are opening around the state. Workshops are held in English and Spanish.

WEBSITES

The Media

National Institute on Media and the Family
www.mediafamily.org

American Academy of Child and Adolescent Psychiatry,
“Children and Watching TV”
www.aacap.org/publications/factsfam/tv.htm

Helping Teens Avoid Sex

Journeyworks Publishing, “Encouraging Abstinence: 10 Tips for Parents”
www.journeyworks.com/pamphlet/5128.htm (English)
www.promotehealth.com/pamphlet/5137.htm (Spanish)

Regional Municipality of Halton, “Abstinence”
www.region.halton.on.ca/health/programs/sexualhealth/birth_control/abstinence.htm

Helping Teens Avoid Alcohol, Tobacco, and Drugs

Family Guide to Keeping Youth Mentally Healthy & Drug Free
www.family.samhsa.gov

National Youth Anti-drug Media Campaign
www.theantidrug.com
www.laantidroga.com (Spanish)
www.druganswer.com (Asian languages)

The Truth (American Legacy Foundation)
www.thetruth.com

Helping Teens Avoid Violence

National Youth Violence Prevention Resource Center
www.safeyouth.org



Understanding Reproductive Health



Session Overview: Core Content

Role models should know basic information about the male and female reproductive systems, and the mechanics of how a pregnancy occurs. They should have a basic knowledge of how currently accepted birth control methods are used, and how these methods work to prevent pregnancy. Role models should also know about the most common sexually transmitted diseases (STDs), including STD transmission, prevention, symptoms, long-term consequences, and testing.

Role models should also understand the

particular risks teens face around sex, particularly of getting pregnant or an STD. Role models should communicate clear and consistent messages to them about abstinence. Role models should know at least as much (and hopefully more) than boys do, so role models can confidently answer questions and act responsibly themselves.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible. Trainers should recognize that this can be a sensitive topic and take extra care to maintain an atmosphere of safety and respect.

SESSION GOALS

At the end of this session, role models will:

- » Talk with adolescent boys about reproductive health with respect, tact, empathy, accuracy, honesty and confidence;
- » Encourage boys to make positive choices for their reproductive health, now and when they are adults;
- » Convey clear messages to teen boys about the reasons they should abstain from sexual intercourse; and
- » Take steps to maintain their own reproductive health.

SESSION TRAINING OBJECTIVES

- » Role models will develop a basic understanding of the mechanics and timing of how pregnancy occurs.
- » Role models will develop a basic understanding of common birth control methods and how they can prevent pregnancy.
- » Role models will develop a basic understanding of common sexually transmitted diseases (STDs), including their transmission, prevention, symptoms, long-term consequences, and testing.
- » Role models will identify several consequences of teenage pregnancy.
- » Role models will learn skills to communicate confidently and sensitively with boys about sexuality, including conveying the reasons teens should abstain from sexual intercourse.

Recommended Ground Rules

Please bear in mind that reproductive health can be a very sensitive topic. Participants may have very strong feelings and opinions. We strongly recommend that you set and maintain clear ground rules for this session. Some comments and rules we suggest you include are:

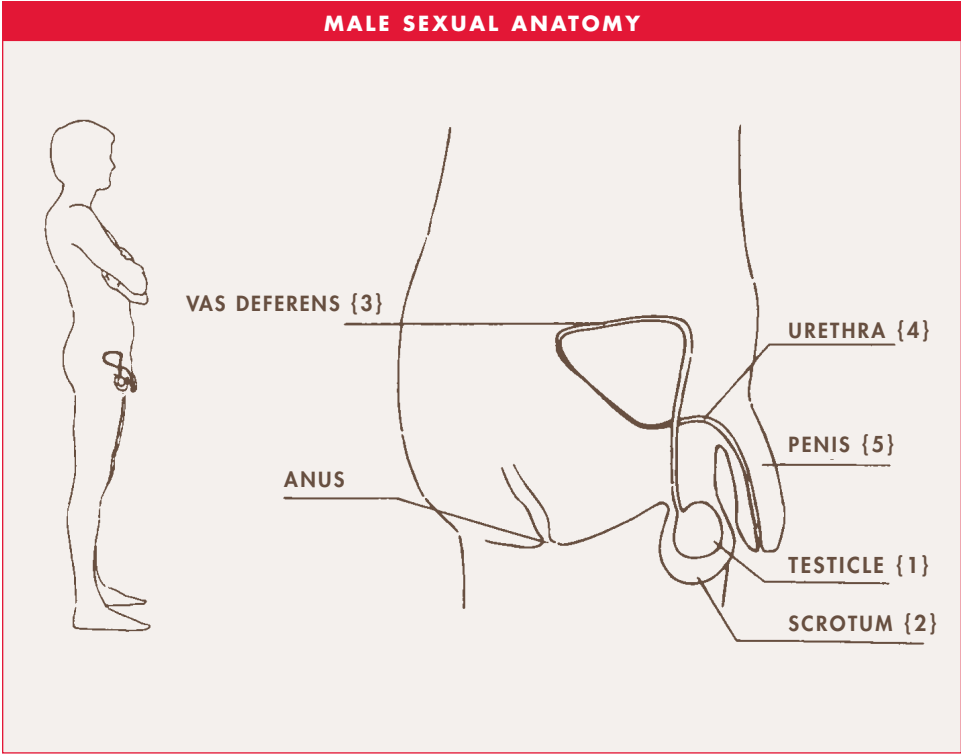
- » In this session, we are going to be discussing facts. Knowing and applying these facts to your life can protect your health and the health of adolescents.
- » Everyone has their own religious and cultural values about sex and reproductive health, but this presentation focuses on scientific facts only.

» Please feel free to ask a question if you need something clarified or if you need more information.

(continued on page 59)

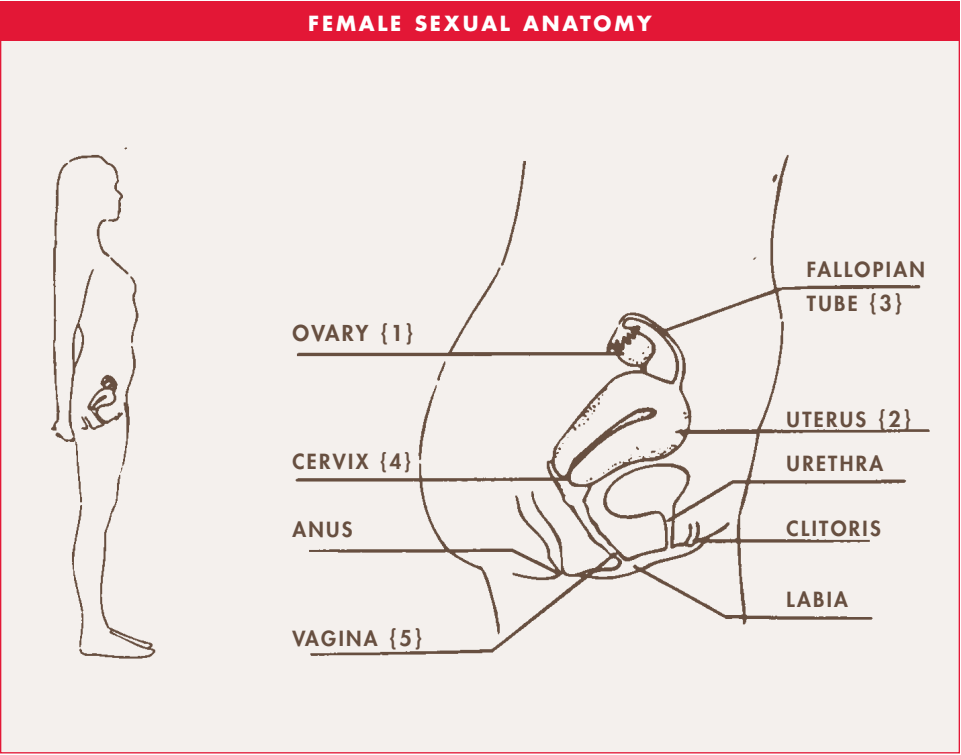
Key Messages & Recommended Tools

Human Reproduction: The Facts (Suggested time: 20 minutes)



Male Anatomy

Testicles (or testes) {1} are where sperm are made and stored. The scrotum {2} protects the testicles. The vas deferens {3} and urethra {4} are tubes that transport semen from the testicles. Semen is the fluid that carries sperm. The urethra runs through the penis {5}. The urethra is a tube that carries semen and urine out of the body (but not at the same time). When a male is sexually aroused, the penis fills with blood and becomes erect (“hard”), allowing semen and sperm to go through the urethra and out of the body (called ejaculation).



Female Anatomy

1. The ovaries {1} are two small organs that store eggs. There is one ovary on either side of the uterus (“womb”) {2}. The uterus is where a fetus grows when a woman is pregnant.
2. The menstrual cycle (“period”) involves the entire body. The brain controls hormones that trigger the release of an egg from one of the ovaries approximately every 28 days, but this varies from woman to woman. The egg travels through the fallopian tubes {3} to the uterus. If a sperm does not fertilize the egg, it goes from the uterus, through the cervix {4}, out of the body through the vagina {5}, which is a pathway from the uterus to the outside of the body. Part of the lining of the uterus and a small amount of blood also leaves the body with the egg. This cycle is called menstruation and it lasts from 3-7 days every month.

Recommended Ground Rules (continued)

- » Please respect others’ points of view, even if you do not agree with them.
- » It is OK if you do not already know all of this information. That’s what this class is for. Many people don’t know or remember all of this information.
- » Please respect other people’s questions and comments by listening and not interrupting.
- » People may share very personal thoughts or information. Please respect their privacy and confidentiality. What’s said in here should stay in here.
- » All of you are encouraged to join in the conversation as much as you are comfortable. However, none of you should feel that you have to say anything.

Pregnancy

- 1. Conception is the fertilization of the egg by a sperm in the fallopian tube. As soon as sperm enter the vagina, they will try to travel through the uterus and into the fallopian tubes to fertilize an egg. Pregnancy happens when the fertilized egg (“zygote”) moves through the fallopian tubes and embeds itself in the uterine wall.
- 2. Eggs live about 12 to 24 hours and sperm live up to 4 or 5 days. There are only about 5 days each cycle that a woman can get pregnant.
- 3. The several days prior to ovulation are the most fertile days. Ovulation may not happen at the same time every month and may even happen at the end of a woman’s menstrual cycle. Therefore, it is very difficult to pinpoint when a woman can get pregnant. For purposes of preventing pregnancy, a woman should be considered fertile at any time of the month.

Consequences of Early Sexual Activity

(suggested time: 15 minutes)

- 1. Adolescents get STDs, including HIV/AIDS, at alarming rates. Adolescents and young adults (ages 15-24) have the highest STD rates of any age group. By age 25, one out of every two sexually active youth will get an STD. Also, in the United States each year, half of the new cases of HIV infection – which causes AIDS – occur in people under 25.
- 2. Teen pregnancy is more common in the U.S. than in almost any other industrialized country.
- 3. Teen pregnancy has serious financial, social, emotional and other consequences for both young men and women. While not every teen parent or their child will experience these difficulties, in general, teens that have a baby are:
 - a. Much less likely to finish high school;
 - b. More likely to be single parents;
 - c. More likely to have pregnancy-related health problems; and
 - d. More likely to have a low income.

- 4. Children born to teens are more likely than other children to:
 - a. Be born with a low birthweight;
 - b. Have poorer overall health and get less health care;
 - c. Get less adequate parenting;
 - d. Do poorly in school;
 - e. Have behavior problems growing up; and
 - f. Become teen parents, themselves.

Again, these are general trends. Some teen parents raise healthy, successful children.

5. Sexual activity itself can involve confusing emotions. It can bring up complicated issues in relationships that take more maturity, self-sufficiency, accountability, and responsibility to handle than teens generally have. More than half of teen boys and three quarters of teen girls who have had sex say they wish they had waited longer.

6. A man is legally responsible for supporting the child, if a woman has his baby – even if the man did not want to have a baby. This means giving love and emotional support, as well as financial support. He is responsible for child support, even if he does not live with the child. Teen boys are probably not aware of these responsibilities and are not well prepared to handle them.

For more information on child support, call the Child Support Enforcement Office at 401-222-2847.



Note: It is important to cover the highlights of this topic only, as outlined below. Providing too many details – such as specifics of individual birth control methods – may prevent you from effectively covering all the material in this session.

This is an important opportunity to teach men about the proper use of a condom. Men need to know this for their own family planning purposes within a marriage. They will also want to be confident of their knowledge about condom use when responding to a boy’s or a peer’s question. Consider demonstrating the proper use of a condom as part of this training component.

Birth Control *(Suggested time: 20 minutes)*

1. **Abstinence:**

Abstinence means not having any kind of sexual intercourse (vaginal, anal, or oral). It is the only 100% effective way of avoiding pregnancy and STDs or HIV/AIDS.
2. **Hormonal methods:**

a. The Pill, Depo Provera, the Patch, and the Ring, use hormones to prevent the ovaries from releasing an egg. They are very effective at preventing pregnancies.

b. The Pill is taken orally every day. Depo Provera (“Depo” or “the Shot”) is a shot that is effective for 12 weeks. The Patch is a thin plastic patch placed on the skin once a week for three out of four weeks. The Ring is a small, flexible ring that is inserted into the vagina once a month.
3. **Barrier methods:**

a. Condoms, female condoms, diaphragms, and cervical caps block the sperm’s entry into the woman’s reproductive system.

b. Barrier methods are often used with a spermicide that kills the sperm. It is best to use a barrier method and a spermicide together.

c. Male and female condoms can help prevent pregnancy. They can also help prevent HIV/AIDS and other STDs, by preventing infection from passing from one person to another.

d. Condoms need to be used consistently and correctly, including putting them on and taking them off properly.
4. **Other methods:**

a. The IUD (“intrauterine device”) is placed in a woman’s uterus and is effective for 1-10 years, depending on the type.

b. Surgical methods (“sterilization”) – like vasectomy for men and tubal ligation for women – are for individuals who are sure they don’t want any more children. The RI Department of Health offers a no-cost vasectomy to men who do not have health insurance that covers it. Call
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- the Family Health Information Line at 1-800-942-7434 for more information.
- c. Fertility Awareness Method is about learning the natural changes in a women’s body that show when she can and cannot get pregnant. A special class is needed to learn this.

d. Emergency contraception (EC) pills are a special dose of birth control pills that can help prevent pregnancy up to 3 days after sex. The sooner the pills are taken after sex, the more likely they are to stop a pregnancy from happening. Emergency contraception is for emergency use only. It is not as effective as other methods and does not protect against STDs.

5. Male and female condoms are the only birth control method, other than abstinence, that can help prevent HIV/AIDS and other STDs, as well as pregnancy.
6. Birth control is the responsibility of both men and women. Both are responsible for the consequences of sex.
- Sexually Transmitted Diseases**
- (Suggested time: 20 minutes)*
1. The most common STDs are chlamydia, gonorrhea, genital herpes, trichomoniasis, syphilis, hepatitis B, HPV (some strains of which cause genital warts and cervical cancer), and HIV (which causes AIDS).

2. Many people are at risk for STDs and HIV/AIDS – including adolescents.

a. Teens and young adults are at high risk for getting STDs, mostly because they engage in more risky behaviors than do adults.

b. People are at risk for STDs if they have sex – even once. If they have sex and do not use a male or female condom they are at much higher risk. If they have more than one partner, or their partner has other sexual partners, they are at even higher risk.

c. People can get STDs even if they don’t have vaginal intercourse. Many STDs can be transmitted through anal or oral sex. Some STDs can be transmitted through intimate skin-to-skin contact, even if there is no intercourse of any kind.
- POSSIBLE DISCUSSION QUESTION**
- What kinds of things can go wrong with birth control that may result in an unplanned pregnancy?
- Note: It is important to cover the highlights of this topic only, as outlined below. Providing too many details – such as signs and symptoms of individual STDs – may prevent you from effectively covering all of the material in this session.*
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3. STDs and HIV/AIDS have serious – sometimes deadly – consequences.

- a. Left untreated, STDs can lead to long-term health problems like infertility (not being able to have children), pain that doesn’t go away, some cancers, pelvic inflammatory disease (PID), heart problems and even death.
- b. Having an STD makes it easier for people to get – or pass on – HIV/AIDS.
- c. If infected with HIV, it can take 5 to 10 years to develop AIDS. AIDS is currently incurable. Most new diagnoses are being made in people in their 20’s, which means many of them are being infected as teenagers.

4. Some people have signs or symptoms like:

- a. Bumps, sores, or warts on the genitals
- b. Rashes or redness
- c. Burning or pain while peeing
- d. Itching
- e. A strange fluid coming out of the penis, vagina or rectum.

5. Many people have an STD but do not have any signs or symptoms. A person can pass an STD on to his/her partner, whether or not he has any symptoms.

6. Testing for STDs including HIV/AIDS is very important.

- a. Most STDs can be treated successfully with antibiotics but need to be diagnosed early before damage has occurred. Herpes, HPV, and HIV are viruses that can be treated, but currently cannot be cured.
- b. The only way to diagnose HIV/AIDS or other STDs is to get tested by a health care provider. Testing is simple and confidential. Painless/non-invasive tests are becoming widely available. Testing is available at many family planning clinics, community health centers, hospitals, and school-based health centers, as well as Whitmarsh House, Crossroads Rhode Island, and Planned Parenthood. Call the Family Health Information Line at 1-800-942-7434 for more information.

POSSIBLE DISCUSSION QUESTIONS

1. What have you heard about ways to prevent STDs? What do you think is effective?

2. Why do you think it’s difficult for people to get tested for STDs? What would make it easier?

Talking to Teens About Reproductive Health

(Suggested time: 15 minutes)

1. Reproductive health is a sensitive topic, and people have very different values and opinions. Adults should take extra care to communicate sensitively and appropriately about this with teens.
2. Understanding the facts about reproductive health helps teens cope with their feelings and with peer pressure. It helps them take charge of their health and have loving, respectful relationships.
3. Role models should talk to boys early and often about making healthy choices. The more they talk, the more they will be comfortable and the easier it will be to talk about difficult issues, like sexuality and abstinence. Over time, as trust is built, the teen will be more likely to remember the adult’s advice and follow it.
4. When talking to a boy about sexuality and abstinence, a role model should:
 - a. Be honest, but not feel he has to talk about himself, if he feels uncomfortable. He can say something like, “This is hard for me to talk about. But I want you to have this information and to have someone to talk to.”
 - b. Admit if he doesn’t know the answer to a question. He and the adolescent can try to discover the answer together.
 - c. Be understanding and supportive with the teen’s confusion. Try not to be alarmed or too judgmental about questions or statements the boy makes. The adult should reassure the boy about his concerns, and be someone the boy will feel comfortable coming to in the future.
 - d. Respect a teen’s privacy and confidentiality. But if he needs any professional help, the adult should be ready to help him get it.
 - e. Try not to make assumptions about a teen’s sexual orientation. A teen may be gay, lesbian, bisexual or transgendered. Regardless of their orientation, teens should abstain from oral, anal and vaginal sex.
 - f. Express his opinions and values. Teens listen to adults they trust.

Note: If a role model is not a teen’s parent, he should be sensitive to the desires and the religious and cultural values of the parents when talking to the teen.

POSSIBLE EXERCISES

1.

Role-play talking to a boy who has said he was thinking about having sex with his girlfriend.

2.

Role-play talking to a boy who has said he is having sex with his girlfriend.

5. When teens are under the influence of alcohol or drugs, they are more likely to take risks. They are more likely to have sex and are less likely to use a condom or contraception if they do. They are also more vulnerable to being a victim or a perpetrator of date rape and sexual assault.

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Paternity and Child Support
Child Support Enforcement Office
RI Department of Administration
401-222-2847 (main number)
401-222-7471 (community liaison/outreach worker)

The Child Support Office will give you services and information about paternity and child support. They will tell you what your rights and responsibilities as a father are. They are “father friendly.” They do not represent either parent in a custody case.

For More Information

RHODE ISLAND RESOURCES

STDs and HIV/AIDS

Can We Talk Rhode Island?
401-465-9560 or 401-463-9630
canwetalkri@aol.com

Can We Talk? is a series of workshops to help parents talk with their pre-teenage children about self-esteem, sexuality, HIV, and peer pressure. Programs are opening around the state. Workshops are held in English and Spanish.

Family Health Information Line
1-800-942-7434 (toll free in RI)
401-222-5960 (out of state)

Find out where to you can get tested or treated for STDs, including HIV/AIDS. Find out about getting a vasectomy if your health insurance does not cover it. You can also find out about family planning clinics and other health programs. Family Health Information Line specialists are available to answer your questions in English and Spanish, Monday through Friday from 8:30 a.m. to 4:30 p.m.

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WEBSITES AND OTHER RESOURCES

National STD/HIV Hotline

Centers for Disease Control and Prevention
1-800-227-8922 (toll free)
1-800-344-7432 (Spanish, toll free)
1-800-243-7889 (TTY, toll free)
www.cdc.gov/std

Reproductive Health Information for Parents/Adults

National Campaign to Prevent Teen Pregnancy
www.teenpregnancy.org
www.teenpregnancy.org/parent

American Sexual Health Association
www.iwannaknow.org

Reproductive Health Information for Teens

Rutgers University, “Sex Etc.” (by teens for teens)
www.sexetc.org

Nemours Foundation, “TeensHealth, Sexual Health”
www.kidshealth.org/teen/sexual_health

National Campaign to Prevent Teen Pregnancy
www.teenpregnancy.org/teen

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Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

Addressing Abuse: What it is, Its Effects, and Sources of Help



Session Overview: Core Content

Role models should learn that preventing abuse is an important responsibility for everyone. Role models should appreciate the significant damage done to children and adolescents by sexual, physical, and emotional/verbal abuse. Adolescents who have experienced abuse may have trouble expressing themselves; they may not believe in themselves; and they may have a difficult time with anger and trust. They are also more likely to take risks with their health. Abuse is a key factor in juvenile crime, teen pregnancy, substance abuse, school failure and depression.

Role models should learn about the warning signs of abuse and how to intervene appropriately. They should learn about their legal responsibility to report known or suspected abuse. They should understand that children and adolescents who have experienced abuse need special support. It is

important that role models remain patient in building trust with young men with a history of abuse. Role models must consistently demonstrate – sometimes over a long period of time – their confidence in the young man and give him opportunities to succeed.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible. Trainers should recognize that this can be a sensitive topic and take care to maintain an atmosphere of safety and respect.

SESSION GOALS

At the end of this session, role models will:

- » Talk with children and adolescents with support and empathy, particularly those who may be impacted by sexual, physical and emotional/verbal abuse;
- » Take steps to protect youth from abusive behavior;
- » Take steps to prevent youth from engaging in abusive behavior; and
- » Intervene appropriately to help boys and young men with a history of abuse to get needed support, make healthy choices, and develop healthy relationships with others.

SESSION TRAINING OBJECTIVES

- » Role models will understand the nature and consequences of physical, sexual, and emotional/verbal abuse, including teen dating abuse and bullying.
- » Role models will be aware of the Rhode Island laws around abuse.
- » Role models will understand the impact of abuse on risk-taking behaviors of adolescents.
- » Role models will recognize the warning signs of abuse.
- » Role models will be prepared to intervene appropriately and help young men with a history of abuse get needed support, make healthy choices, and develop healthy relationships with others.

Recommended Ground Rules

Note to trainers: As you are aware, abuse is a very sensitive topic. Please bear in mind that participants may have very strong feelings and opinions. They may have a history of abuse or of abusing others. We strongly recommend that you set and maintain clear ground rules for this session. Some comments and rules we suggest you include are:

» In this session, we are going to be discussing very sensitive issues surrounding abuse. This is not an easy topic to talk about for many people.

» Please respect others’ points of view, even if you do not agree with them.

(continued on page 71)

POSSIBLE DISCUSSION QUESTION

Why do you think children are most often abused by someone they know?

Key Messages & Recommended Tools

Definition, Extent, and Perpetrators of Abuse

(Suggested time: 45 minutes)

- 1. Abuse is never acceptable.
- 2. Abuse can happen to ANYONE – regardless of their race, ethnicity, income, age, sex, or size.
- 3. In abusive relationships, the perpetrator tries to exert power and control over the victim.
- 4. Abuse is never the fault of the victim. It is always the fault of the perpetrator.

Following are some kinds of abuse that adolescents face.

Child Abuse:

- 1. Child abuse is harm to, or neglect of, a child by another person, whether adult or child. This includes any act (or failure to act) on the part of a parent or caretaker that presents an imminent risk of serious harm or that results in death.
- 2. Child abuse can be physical, emotional/verbal, or sexual.
- 3. Some experts estimate that 1 in 8 boys is sexually abused. This number is hard to estimate because abuse is underreported.
- 4. Children are most often abused by someone they know and trust.



Teen Dating Abuse:

- 1. Dating abuse is defined as any hurtful or unwanted physical, sexual, verbal or emotional act done by a casual or intimate dating partner.
- 2. Most victims are young women. Research has found that as many as 1 in 3 teen girls in dating relationships have been physically or sexually abused by a partner.
- 3. Examples of abusive behavior in a relationship include:
 - » Hitting, kicking, etc.;
 - » Forcing sex (physically or by using manipulation);
 - » Attempting to control a boyfriend or girlfriend’s activities;
 - » Trying to undermine or destroy his or her self-confidence and self-esteem;
 - » Isolating the person from other friends and family; and
 - » Threatening violence. Threats are a form of abuse and should always be taken seriously.If not addressed, dating abuse in a relationship will likely escalate over time.

Sexual Assault and Rape:

- 1. Rape is defined as penetration of any orifice by any object, against the will of the victim, and where force or threat of force is used. Sexual assault is defined more broadly as any sexual activity that is forced, coerced, or unwanted.
- 2. Sexual assault and rape are not sexually motivated. They are about power and control, using sex as a weapon.
- 3. Nationally, 1 in 4 women and 1 in 6 men will experience a sexual assault in their lifetime. This number is hard to estimate because abuse is underreported.
- 4. Usually the victim knew the attacker beforehand. Often it occurs in a dating situation.
- 5. Sexually taking advantage of a person under the influence of drugs and/or alcohol is rape because s/he cannot consent, and therefore, sex has been forced upon him or her.

Recommended Ground Rules
(continued)

» Please respect other people’s questions and comments by listening and not interrupting.

» People may share very personal thoughts or information. Please respect their privacy and confidentiality. What’s said in here should stay in here.

» Please feel free to ask a question if you need something clarified or if you need more information.

» All of you are encouraged to join in the conversation as much as you are comfortable. However, none of you should feel that you have to say anything.

POSSIBLE DISCUSSION QUESTIONS

- 1. Why are dating abuse perpetrators usually men?
- 2. Is there an imbalance of power between a 15-year-old girl and an 18-year-old man? How about a 17-year-old girl and a 22-year-old man? How can this be dangerous?
- 3. What influences teen dating violence (e.g. what young men believe about themselves; the behavior they see at home and in the media)?

Bullying:

- 1. Bullying is a form of abuse and can have a significant negative impact on kids. It can impact the victim’s grades in school, their mental health, self-esteem and confidence, and their ability to concentrate.
- 2. Bullying can be physical, verbal/emotional, or a combination.
- 3. Bullying is common in schools, but is not normal behavior and should never be tolerated. Adults and peers should intervene when someone is being bullied.
- 4. Bullies need help finding constructive ways to deal with their anger or their need for power and control. They may experience bullying and/or get either overly permissive or harsh, physical discipline at home.
- 5. Most boys think that if they tell on a bully, the problem will get worse. Often boys won’t report being bullied because they do not have confidence in adults’ ability to handle these incidents, because they believe people will think they are weak, or because they think that boys should be able to “take care of themselves.”

POSSIBLE DISCUSSION QUESTION

When you were kids, how many of you ever a) bullied someone, b) were bullied, or c) saw someone being bullied and did nothing about it? For any of these situations, how did it make you feel?

6. If a boy complains of being picked on, the best thing to do is to listen and talk to him in a caring and supportive way. Help him figure out what to do. Ask him what is going on. Find out what he needs to feel safe. Let him know the bullying is not his fault, and he did the right thing by telling you. Do not tell him to retaliate.

Legal Issues Regarding Abuse *(Suggested time: 5 minutes)*

- 1. The vast majority of children and teens who report that they have been abused are telling the truth and should be taken seriously.
- 2. In Rhode Island, anyone who knows or suspects that a child is being abused or neglected must by law report it to authorities at the Department of Children, Youth and Families at 1-800-RI-CHILD (1-800-742-4453) within 24 hours.
- 3. A person never has a legal right to force sex on another person, even a spouse.

- 4. In Rhode Island, a person can be found guilty of sexual assault even if the victim does not testify.
- 5. Under Rhode Island law, it is illegal for people 18 years old or older to have sex with a person under 16 years of age.

Impact of Abuse *(Suggested time: 20 minutes)*

- 1. No matter what the nature of the abuse that one experiences, abuse has consequences that are serious and last for life.
- 2. The impact of abuse is not always obvious or immediate. A boy can become rebellious and/or engage in harmful activities such as unsafe sex, use of drugs, alcohol, tobacco, and violence because of prior sexual, physical or mental abuse. Abuse is a key factor in juvenile delinquency and/or crime. It is linked to school failure. Also, depression and suicide are more common among children, teens, and adults who have experienced abuse.
- 3. Gay, lesbian, bisexual, and transgendered teens are more likely to experience abuse, particularly bullying, than their peers and are also more likely to be depressed.
- 4. Teen girls who have been abused are more likely to get pregnant than other teen girls.
- 5. Children and teens have a hard time discussing incidents of abuse – even years later.

6. Most children or teens who have been abused believe that it is partly their own fault. But it is never the fault of the child, no matter how old the child is or what the child did or did not do. It is always the fault of the adult or peer who is the perpetrator.

- 7. Four factors that determine how a person deals with an abusive situation:
 - 1) The duration of the abuse;
 - 2) The severity of the abuse;
 - 3) The person’s coping style; and
 - 4) The support system that is available to the person.

POSSIBLE DISCUSSION QUESTIONS

- 1. Why do you think abuse is underreported?
- 2. Why does society have sexual abuse laws?

POSSIBLE DISCUSSION QUESTION

Why might a boy who is being abused think it’s his own fault?

Signs of Abuse or Other Problems in Boys and Tips for Getting Help (Suggested time: 20 minutes)

- 1. There are many possible signs that a boy may be in real emotional trouble and need professional help. These might be signs of current or previous abuse, mental health disorders, substance abuse, and/or other problems.
- 2. Adults should pay particular attention to noticeable changes in a child’s or teen’s behavior. Any behavior that is severe, persistent, and/or affects daily activities should be considered a problem.

| POSSIBLE SIGNS OF ABUSE OR OTHER PROBLEMS IN TEENS |
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| » Problems with sleep (too much or too little) |
| » Problems with appetite |
| » Social withdrawal |
| » Changes in friends |
| » Changes in personality |
| » Inability to concentrate |
| » Unusual/unnatural interest in sex |
| » Fear of adults or nervousness around adults |
| » Slipping back to an earlier behavior (e.g. bedwetting) |
| » Fearfulness |
| » Constant sadness or hopelessness |
| » Constant worry or needs for reassurance |
| » Self-destructive behavior (e.g. head-banging, cutting oneself) |
| » Thoughts or talking about wanting to die or hurt himself |
| » Frequent injuries (especially unexplained injuries) |
| » Use or abuse of alcohol or drugs |
| » Aggressive, violent, or bullying behavior towards others |
| » Cruelty to animals |
| » Playing with matches or lighting fires |
| » Problems in school or a drop in grades |
| » Low self-esteem |
| » Poor hygiene |
| » Repeated lying |
| » Restlessness, irritability |
| » Loss of interest in hobbies or activities |
| » Inappropriate social behavior |

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- 3. Adults should take action for any behavior that they are concerned about, whether or not it is on this list. Adults should talk to the teen about what is going on, if appropriate. Parents should also talk to the teen’s doctor or another professional. Other adults should talk to the teen’s parents – unless they suspect the parents of perpetrating abuse – and offer suggestions for getting help for the teen. If abuse is suspected, adults should call the Department of Children, Youth and Families.
- 4. Early identification and treatment are important to minimize the long-term consequences of abuse. Professionals such as child and adolescent psychiatrists provide thorough evaluation and care for children who have been abused.
- 5. It is important for role models to be able to deal appropriately with anything that they hear from a child who may have been (or is being) abused. If a child or teen tells an adult about abuse, or even hints in a vague way that abuse has occurred, a supportive, caring response is the first step in establishing trust and getting help.

POSSIBLE DISCUSSION QUESTION

What can adults do to support boys who have experienced abuse?

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- 6. Tips for talking to children and adolescents about abuse include:
 - a. Encourage him to talk freely.
 - b. Avoid victim-blaming language such as, “Don’t let someone do this to you.” This could make the boy think that the abuse is his fault. It’s not his fault.
 - c. Let him know that you’re listening and that you care.
 - d. Don’t be judgmental about what happened.
 - e. Believe him. Chances are he is telling the truth.
 - f. Ask open-ended questions.
 - g. Don’t use scare tactics to get him to open up.
 - h. Don’t lecture him.
 - i. Explain what’s going to happen next. Tell him that you have to tell someone else about what happened. They will try to figure out how to help. Children and teens are afraid of the consequences of telling; knowing the next steps may help to put them at ease.

POSSIBLE EXERCISES

1. Role-play what you would say if a boy told you he has not been eating or sleeping well and has mentioned that his father hits him.

2. Role-play how you would approach a boy if you noticed he was spending a lot of time alone and seemed unreasonably worried.

3. Role-play how you would react to a boy who has told you of experiencing abuse “a long time ago.”

Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

For More Information

RHODE ISLAND RESOURCES

Child Abuse and Neglect

Child Abuse/Neglect Hotline
RI Department of Children, Youth and Families
1-800-RI-CHILD (1-800-742-4453) (toll free)
www.dcyf.state.ri.us

Prevent Child Abuse RI
401-728-7920
www.preventchildabuse-ri.org

Sexual Assault and Rape

Sexual Assault and Trauma Resource Center of RI
401-421-4100
1-800-494-8100 (24-hour toll-free helpline)
www.satrc.org

Teen Dating Violence and Domestic Violence

RI Coalition Against Domestic Violence
401-467-9940
1-800-494-8100 (24-hour toll-free helpline)
www.ricadv.org
www.ricadv.org/violence.html

Sojourner House
401-861-6191
401-658-4334 (voice/TTY hotline)
www.sojourner-house.org
www.sojourner-house.org/teen.html

ParentLinkRI.org
www.parentlinkri.org
ParentLinkRI.org links parents of pre-teens and teens with parenting skill-building programs and services in Rhode Island. Find out about classes and workshops for parents. Also find out about educational, counseling, and recreational activities and services for kids and families.

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WEBSITES

Child Abuse and Neglect

End Child Abuse
www.childabuse.org

End Child Abuse / Coaching Boys into Men
<http://endabuse.org/cbim>

Bullying

Stop Bullying Now
<http://stopbullyingnow.hrsa.gov>
<http://stopbullyingnow.hrsa.gov/indexAdult.asp>



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Making Positive Health Choices

Session Overview: Core Content

In this session, role models will get a basic overview of the major preventive health issues that Rhode Islanders face, including personal hygiene, diet and exercise, substance use, mental health, reproductive health, and safety. Many of these health issues first arise during childhood or adolescence and continue through adulthood. Maintaining positive health requires the right knowledge, decisions, and behavior. Role models can use the skills they have learned or will learn in other sessions to communicate with adolescents about these preventive health issues.

Role models will learn and will convey to adolescents that the decisions people make today affect their health in the future. If people make healthy decisions today, they increase their chances of living longer and healthier lives. Role models will appreciate the importance of modeling healthy behaviors and lifestyles, and they will learn ways to help boys make positive choices about their health.

SESSION TRAINING OBJECTIVES

- » Role models will recognize the importance of modeling healthy behaviors and lifestyles.
- » Role models will examine the health issues facing adolescents and adults, including substance use, diet and exercise, reproductive health, mental health, safety, and personal hygiene.
- » Role models will develop skills to talk about and model positive, preventive health behaviors to boys and young men.

SESSION GOALS

At the end of this session, role models will:

- » Maintain and model personal hygiene and a healthy lifestyle; and
- » Talk to boys and young men about making good choices for their health.

Trainers should tailor this session to the interests and comfort level of the role models, use language and examples that role models will understand, and make the session as interactive as possible. Trainers should also recognize that many participants may be struggling with one or more of these health issues and take extra care to approach these topics with sensitivity. Also, please be aware that some of these topics are covered in other sessions.

Key Messages And Recommended Tools

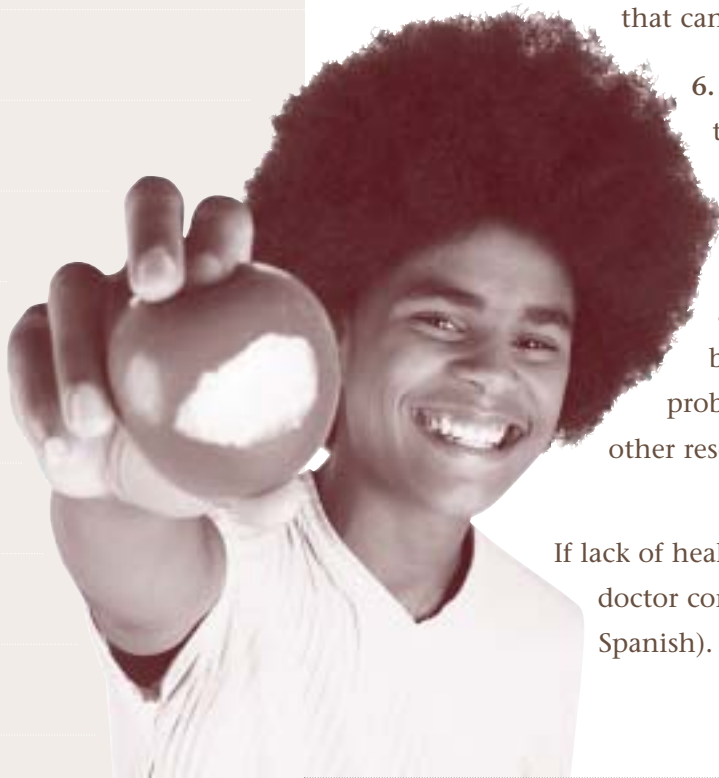
Introduction/Discussion Starter (Suggested time: 5 minutes)

- 1. How can you help teens stay healthy for life?

Importance of Preventive Health (Suggested time: 5 minutes)

- 1. People’s behaviors and choices have a major impact on their overall health.
- 2. Many health behaviors or choices arise in childhood or adolescence. Once behavior patterns (positive or negative) are created, they can be very hard to change.
- 3. “Preventive health” means making positive choices to preserve one’s health in the present, to live the life one wants, to have fulfilling relationships, and to prevent future health problems. Practicing preventive health increases one’s chances of living a longer and healthier life.
- 4. Role models should encourage good health practices to adolescents, and should explain why these things are important.
- 5. Modeling a healthy lifestyle is one major way to teach boys behaviors that can improve the quality and length of their lives.
- 6. One of the most important things adults and teens can do for their health is to see a doctor at least once a year. Many men and teen boys do not see a doctor regularly. A doctor should check a person’s overall health, ask about and give advice about all of the topics below, answer questions, screen for possible problems, and refer a person to a specialist or other resource when needed.

If lack of health insurance is keeping you from seeing a doctor contact RIte Care at 401-462-5300 (English or Spanish).



Diet and Exercise (Suggested time: 15 minutes)

The problem:

- 1. Overweight and obesity have become an epidemic in the US. In 2000, poor diet and physical inactivity was the second leading cause of preventable death, just behind smoking. Poor diet and physical inactivity cause 400,000 deaths and tobacco causes 435,000 deaths per year.
- 2. In 2001, 25% of children and adolescents in Rhode Island were overweight and obese.
- 3. Between 70% and 80% of overweight adolescents will remain so as adults.
- 4. Overweight and obesity cause major chronic diseases that shorten life – like diabetes, some cancers, heart disease, stroke, and depression.
- 5. Overweight adolescents are more likely than their peers to be depressed and to have low self-esteem and a negative self-image.

How to Maintain A Healthy Weight:

- 6. Eat a variety of healthy foods. A healthy diet includes five servings a day of fresh fruits and vegetables. Whole grain foods and foods that are high in fiber are also important.
- 7. Avoid junk food.
- 8. Eat in moderation.
- 9. The best way to ensure that children and teens get the right combination of calories, proteins, vitamins and minerals while maintaining a healthy weight is to provide a variety of nutritious foods that are low in fat and sugar.
- 10. Children and teens should be physically active every day. They should try to get at least an hour of moderate or vigorous physical activity every day.
- 11. To help maintain a healthy weight, adults should get 30 minutes to an hour of moderate exercise every day like taking a brisk walk or doing yard work. Alternatively, they should get at least 20 minutes of vigorous physical activity three times a week.

Note: The topics below include statistical information for background purposes. Spending too much time discussing statistics may prevent you from effectively covering all of the material in this session. Please concentrate on behaviors and steps that participants can take to promote their health and the health of adolescents.

12. Help adolescents maintain a healthy weight and good nutrition habits by:

- a. Encouraging regular visits to a health care provider for routine physicals. Health care providers can monitor a child’s weight and growth and make recommendations for healthy eating and exercise.
- b. Providing them with healthy foods.
- c. Finding out what options for eating and exercise are available in the adolescent’s school.
- d. Modeling healthy eating and exercise, and encouraging adolescents to do the same.
- e. Talking to adolescents about how to maintain a healthy diet and exercise.
- f. Spending time doing something physical with them, like going for a walk, exercising, doing yard work, playing a sport, etc.

Substance Use (Suggested time: 15 minutes)

The Problem:

- 1. In 2003, 23% of 9th-12th graders in RI public schools reported smoking cigarettes in the past month; 45% had used alcohol in the last month; 28% had smoked marijuana in the past month.
- 2. Drinking and/or drug use can lead to cancer, impaired learning and memory, nervous system or brain damage, heart problems, birth defects, liver or kidney damage, and death. Because alcohol and drugs impair judgment and lower inhibitions, they can lead to other risky behaviors like drunk driving, unprotected sex, and violence.
- 3. Because they often feel invincible (bad things won’t happen to them), teens often don’t fully grasp that they may get into major legal trouble or face jail time for using or selling drugs.
- 4. Smoking can lead to many types of cancer, heart disease, lung disease, wrinkles, acne, yellow teeth, and impotence. Smoking is the leading cause of death in the US. About one third of people who smoke die of tobacco-related causes.
- 5. Between 80% and 90% of smokers start smoking as teens. The longer they smoke, the harder it can be to quit.

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6. Second-hand smoke from cigarettes can cause health problems like asthma, allergies and cancer. It also often causes bronchitis or pneumonia among children whose parents smoke. In addition, many people find second-hand smoke to be irritating and offensive.

How to Prevent Substance Abuse:

7. Parents and role models can prevent substance abuse among children and teens in several ways, including:

- a. Model responsible substance use to boys: don’t smoke, don’t use illicit drugs, and use alcohol responsibly. Kids smoke cigarettes and drink alcohol because they see adults do it and think that it is an adult thing to do.
- b. Don’t use alcohol, drugs, and cigarettes as a way to handle problems. Try healthier methods of relieving stress like exercising, going for walks, deep breathing, stretching or meditation.
- c. Don’t make substance use seem amusing or glamorous through stories and attitudes.
- d. Don’t host parties where adults will be using substances irresponsibly, especially in the presence of a child.
- e. Don’t provide alcohol or drugs to underage individuals.
- f. Talk to teens about religious and cultural attitudes and values regarding alcohol and drug use.
- g. Explain the consequences of substance abuse. Teens often don’t relate their present behavior to future health problems. Bring this point home to adolescents and teens by personalizing it. Use someone they know as an example.
- h. Talk to teens about the actual challenges that they face—such as peer pressure—and help them figure out how to face these challenges.
- i. If you smoke or abuse drugs, try to quit. If a teen is already smoking or using drugs, encourage them to quit. Help is available. Call 1-800-TRY-TO-STOP.

POSSIBLE DISCUSSION QUESTIONS

- 1. Who benefits when someone smokes a cigarette? Who loses?
- 2. When kids see adults smoking cigarettes, what does it tell them?
- 3. What are the consequences of substance abuse for teens? For adults?
- 4. Who benefits when someone uses an illegal drug? Who loses?

Note: This topic is covered in depth in the reproductive health session, including the facts about pregnancy and STDs and strategies for talking to children and teens about reproductive health.

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Reproductive Health *(Suggested time: 10 minutes)*

The Problem:

- 1. In 1999, the teen birth rate in Rhode Island was 22 births per 1000 teens aged 15-17 years.
- 2. In 2003, 44% of 9th-12th graders in RI public schools reported having ever had sexual intercourse.
- 3. Teen pregnancy has financial, social, emotional and other consequences for both young men and women. For example, teens that have a baby are less likely to finish school and more likely to have a low income.
- 4. Adolescents are at high risk for STDs including HIV/AIDS. STDs and HIV/AIDS have serious – sometimes deadly – consequences.

How to Maintain Reproductive Health:

- 5. Men should do a testicular self exam once a month. Testicular cancer is one of the most common cancers among men 15-34 years old, but it can usually be treated if caught early.
- 6. Know the facts about pregnancy and STDs.
- 7. Condoms and abstinence are the only two birth control methods that protect against both pregnancy and STDs. Abstinence is the only method that is 100% effective against both.
- 8. Talk to teens honestly and consistently about sex, and about avoiding pregnancy and STDs.
- 9. Men who are sexually active should get tested for STDs, including HIV/AIDS. Men can have one or more STDs and not have any symptoms yet. Men are at higher risk if they have had multiple sexual partners, have had sex with other men, have had sex without a condom, or have ever shared a needle with someone to do drugs.

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Mental Health: Depression, Attention Deficit Hyperactivity Disorder, and Eating Disorders

(Suggested time: 15 minutes)

The Problem:

- 1. There are many different kinds of mental health issues facing children and teens in RI. Some of the most common include depression, attention deficit hyperactivity disorder (ADHD), and eating disorders.
- 2. Depression involves feelings of sadness, loneliness, hopelessness, helplessness, guilt, or emptiness for weeks at a time. Depression may affect as many as 1 in 8 adolescents. Depression can lead to suicide. In 2003, 14% of 9th-12th graders in RI public schools reported seriously considering a suicide attempt in the past 12 months. Suicide is the third leading cause of death among both 10-14 and 15-24 year olds nationally.
- 3. Attention deficit hyperactivity disorder involves inattention, hyperactivity and impulsivity. ADHD is one of the most common reasons children are referred for mental health services. It affects as many as 1 in every 20 children. Boys are diagnosed with ADHD at much higher rates than girls. Adolescents and teens with ADHD have trouble focusing on their schoolwork and have problems communicating effectively.
- 4. Eating disorders are serious disturbances in eating behavior, such as severe undereating or overeating, as well as feelings of distress or extreme concern about body shape or weight. Eating disorders can develop during adolescence or early adulthood. These are much more common in girls, but do occur among boys. Eating disorders may lead to malnutrition, muscle atrophy, ulcers, low blood pressure, infertility, heart attack, seizure, and death.

Note:
Session 7 – Addressing Abuse includes a list of warning signs of abuse, mental health disorders, substance abuse, or other emotional problems to look out for.

POSSIBLE DISCUSSION QUESTION

What situations cause you to feel “stressed?”
How do you deal with stress? What are some other ideas for dealing with stressful situations at work? At home?

How to Prevent and/or Handle Mental Health Issues:

5. Adults may not be able to prevent all mental health problems in children and teens, but they can take steps to support teens with mental health issues.
6. For good general mental health, adolescents need:

a. Love and support from family, friends, and other adults,
b. Self-confidence and high self-esteem, and
c. A sense of purpose and fulfillment.
7. Adolescents and teens deal with a lot of challenges on a regular basis. Adults should stay aware of the issues affecting the boys and young men in their lives. The best way to do this is to talk to teens and to be able to recognize warning signs of possible mental health problems. Listen to them. Be there for them when they need you.
8. Model healthy ways of reducing stress, like exercising, deep breathing, stretching, taking up hobbies, and going for walks.
9. If you think a teen may have a problem, talk to him about what’s going on.
10. If you are not the boy’s parent, consider talking to his parents about his issues and offer them advice on how to get help for him.

11. Don’t be afraid to seek professional help for a teen. Mental health disorders are not the fault of the person who has them.

They are medical illnesses. Most of them are treatable. The sooner they are diagnosed the better.



Safety *(Suggested time: 15 minutes)*

The Problem:

1. Nationally and in Rhode Island, the two leading causes of death for teens, ages 15 to 19 are motor vehicle collisions and firearm deaths.
2. In 2003, 28% of 9th-12th graders in RI public schools reported riding in a vehicle during the past 30 days with someone who had been drinking alcohol. This may have been a parent.
3. In 2003, 16% of 9th-12th graders in RI public schools reported that they rarely or never use safety belts when riding in a car.
4. Access to lethal means, particularly firearms, is a risk factor for suicide. Firearms are the method of suicide in 60% of suicide cases among youth. Boys tend to use firearms to commit suicide more than girls. In 90% of cases of suicide by firearms and 72% of cases of unintentional firearm injuries, the guns were stored in the home of the victim, a relative, or a friend.

How to Prevent Accidents:

5. Wear a seat belt and drive responsibly. This sets a good example for boys and saves lives. Insist that everyone wear a seat belt every time they are in the car with you.
6. No one should ever drink and drive. If you drink away from home, even in moderation, ask someone who did not drink for a ride home. In a group, one person who will not drink should be the designated driver for the evening. Tell boys never to get in a car with someone who has been drinking, even if it is their parent.
7. If you keep a gun in the house, it should be locked and the key should not be available to children in the house. Additionally, always keep the gun unloaded, especially when cleaning the gun.
8. Helmets and other safety equipment, such as kneepads, should always be worn for sports and activities such as skate boarding and biking.
9. Talk to boys about why these safety measures are important.

POSSIBLE DISCUSSION QUESTION

Share an experience about being in an accident.
How did it affect you? What steps would you take to stay safe in the future?

Personal Hygiene (Suggested time: 10 minutes)

The Issue:

- 1. In addition to health problems discussed above, encourage boys to maintain general cleanliness.
- 2. Being clean is important because it helps to prevent disease and infections. Washing with soap kills much of the bacteria that cause body odor and infections.
- 3. Being clean shows respect to those around you. Body odor is not unhealthy, but it can offend other people who have to smell it. Getting rid of body odor helps with confidence and self-esteem because it makes a good impression on others.

How to Maintain Personal Hygiene:

- 4. Washing clothing and cleaning one’s surroundings frequently is just as important as cleaning oneself.
- 5. Teeth should be thoroughly brushed at least twice a day and flossed daily to prevent tooth decay and the bad breath caused by bacteria.

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For More Information

RHODE ISLAND RESOURCES

Access to Care / Health Insurance

RIte Care / RIte Share
RI Department of Human Services
401-462-5300 (English or Spanish)
401-462-3363 (TTY)
www.dhs.state.ri.us/dhs/famchild/shcare.htm

Rhode Island Department of Health, Office of Primary Care
401-222-1171
www.healthri.org/disease/primarycare/consumers.htm
Get information on health insurance, getting a doctor, and community health centers.

Alcohol and Drugs

CODAC, Inc. – CODAC East Bay
401-434-4999, East Providence
Provides comprehensive methadone treatment services, outpatient detoxification and maintenance; drug free counseling, prevention and outreach; and domestic violence services.

CODAC, Inc. – CODAC I
401-461-5056, Cranston
Provides outpatient alcohol and drug-free counseling and domestic violence services.

CODAC, Inc. – CODAC II (Methadone Maintenance)
401-942-1450, Providence
Provides outpatient alcohol and drug-free counseling; outpatient detoxification; and domestic violence services.

CODAC, Inc. – CODAC III (Drug Free and Alcohol Counseling)
401-846-4050, Newport
800-238-8585 (in-state toll free)
Provides comprehensive methadone treatment services, outpatient detoxification and maintenance; drug free counseling, prevention and outreach; and domestic violence services.

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Refer men to these resources (websites, phone numbers, and programs) to get more information or to get help for a boy.

POSSIBLE DISCUSSION QUESTIONS

- 1. What are some ideas for starting a conversation about personal hygiene with boys?
- 2. How important is your health to the people who care about you?
- 3. How important is their health to you?

- 6. It is best to see a dentist twice a year for a professional cleaning to prevent damage and to repair any damage to mouth, teeth and gums.
- 7. Parents and role models should model good personal hygiene and should encourage boys to be clean.



Diet and Exercise

Kids First
401-751-4503
www.kidsfirstri.org

Mental Health

Samaritans of Rhode Island
401-272-4044 (Crisis Hotline/Listening Line)
1-800-365-4044 (Crisis Hotline/Listening Line) (toll free – RI only)
www.samaritansri.org

Tobacco

Try to Stop
1-800-TRY-TO-STOP (1-800-879-8678)
1-800-8-DEJALO (1-800-833-5256) (Spanish)
1-800-TDD-1477 (1-800-833-1477) (Hearing impaired)
www.trytostop.org

WEBSITES

Alcohol and Drugs

National Youth Anti-drug Media Campaign
www.theantidrug.com
www.laantidroga.com (Spanish)
www.druganswer.com (Asian languages)

Diet and Exercise

VERB (for teens)
www.verbnow.com

President’s Council on Physical Fitness & Sports
www.fitness.gov

5 A Day (Centers for Disease Control & Prevention)
www.cdc.gov/nccdphp/dnpa/5ADay

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Health Information for Parents

Nemours Foundation, “KidsHealth”
www.kidshealth.org/parent

Bright Futures, “Family Tip Sheets: Adolescence”
www.brightfutures.org/TipSheets/pdf/ad_color.pdf

Health Information for Teens

Nemours Foundation, “TeensHealth”
www.kidshealth.org/teen

Mental Health

Family Guide to Keeping Youth Mentally Healthy & Drug Free
www.family.samhsa.gov

Reproductive Health

National Campaign to Prevent Teen Pregnancy
www.teenpregnancy.org
www.teenpregnancy.org/parent
www.teenpregnancy.org/teen

Note: Refer to pages 66-67 for resources on Reproductive Health.

Safety

SafeUSA
www.safeusa.org

National Youth Violence Prevention Resource Center
www.safeyouth.org

Tobacco

The Truth (American Legacy Foundation)
www.thetruth.com

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